

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 846

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____	
b. CITY OR TOWN <u>BERNLEY MO</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>6 WEEKS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PENNY NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>2515 HAMPTON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MIDYME</u> b. (Middle) _____ c. (Last) <u>LANGTIM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-56</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>OCT 8, 1888</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>MATHIS OTTO</u>		13b. MOTHER'S MAIDEN NAME <u>WILHELMINA LEUE</u>		14. NAME OF HUSBAND OR WIFE <u>EDMOND LANGTIM</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLORENCE LANGTIM 2515 HAMPTON</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardis</u> ANTECEDENT CAUSES <u>vascular disease unk.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic dementia unknown</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 25, 1956, to April 12, 1956, that I last saw the deceased alive on April 10, 1956, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>		23b. ADDRESS <u>825 Clayton Rd (17)</u>		23c. DATE SIGNED <u>4/12/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>4-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CREMATORY</u>	
				24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	

DATE REC'D BY LOCAL REG. <u>4-12-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombey MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Hubel 5930 Southwest</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. W. [unclear]*.....

Licensed Embalmer No. *45*.....

P. O. Address *[unclear]*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.