

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18191

State File No. 18191
Registrar's No. 5148

BIRTH NO. 33932-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) St Louis d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Louis Maternity		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY Missouri c. CITY OR TOWN d. Is Residence within limits of a city or incorporated town? St Louis Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 13 5912 Scanlan Avenue 2139	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Langley		4. DATE OF DEATH (Month) (Day) (Year) May 18 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ---	8. DATE OF BIRTH May 18 1956
9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 MONTH Days Hours Mins.		10. CITIZEN OF WHAT COUNTRY? ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? ---	
13a. FATHER'S NAME Robert Brock Langley		13b. MOTHER'S MAIDEN NAME Mable Ruth Dilldine	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---	
16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mable Ruth Langley Above	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atelectasis of lungs</i> ANTECEDENT CAUSES DUE TO (b) <i>Pneumonia</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>Premature separation of placenta</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH ---	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 762.5	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 <u>May 18</u> , 19 <u>56</u> , to <u>May 18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 18</u> , 1956, and that death occurred at <u>1:30P</u> m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <i>William Benjamin M.D.</i>		23b. ADDRESS 46 N. Taylor Ave	
23c. DATE SIGNED 5/24/56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-31-56	
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAY 29 1956		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold Allen</i>		ADDRESS 4104 Manchester	

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.....

Licensed Embalmer No.....

P. O. Address

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.