Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10592
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1907

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Enroute City Hospital — Length of stay in 1b: DOA

38 3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jefferson

c. CITY OR TOWN: Arnold — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes ☐ No ☒

29 0500

3. NAME OF DECEASED (Type or print): First Paul — Middle Kenneth — Last Langendorf

4. DATE OF DEATH: Month Feb. Day 23, Year 1957

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: April 29,1925

9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (City and state or country): St.Louis,Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Langendorf

14. MOTHER'S MAIDEN NAME: Elizabeth Koehler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 493-20-0997

17. INFORMANT — Address: Wilma Langendorf, Arnold,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of Skull;

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Suffocation in collision between car operated by deceased and car operated by John Kennington in front of about 6928 Chippewa about 740 pm. February 23, 1957.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Kennington in front of about 6928 Chippewa about 740 pm. February 23, 1957.

20c. TIME OF INJURY: Hour 740 p. m. — Month, Day, Year 2 23 57

E816.4

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 14 Street

20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: Mo — STATE: 26 000

21. I attended the deceased from 830 P. m on the date stated above; and to the best of my knowledge, from the causes stated. to and last saw her/him alive on

Death occurred at

22a. SIGNATURE (Degree of title): James W Kelly Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 2-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-27-57

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks,Mo.

24. FUNERAL DIRECTOR — ADDRESS: Albert H.Hoppe,4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: FEB 25 '57

26. REGISTRAR'S SIGNATURE: Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo R. Sedwell

Licensed Embalmer No. 407

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.