

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26298

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6140

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) LIFE c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 25 CITY HOSPITAL e. STREET ADDRESS (If rural, give location) 2010 2331 WARREN ST.

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE (WILHELMINA) b. (Middle) - - c. (Last) LANGEWISCH 4. DATE OF DEATH (Month) (Day) (Year) JULY 1, 1957.

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH JULY 12, 1878. 9. AGE (In years last birthday) 78 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) HOUSEWORK 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO. 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME FRED WILLIAM LANGEWISCH 13b. MOTHER'S MAIDEN NAME WILHELMINA SPREEN 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) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS TILLIE LANGEWISCH, 2331 WARREN ST.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Colon
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) Arterio Sclerosis rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 153X
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above.

23a. SIGNATURE _____ (Date of sig) _____ 23b. ADDRESS _____ 23c. DATE SIGNED 7/2/57

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 7/3/57. 24c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd., St. Louis, 15, Mo.

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 *John A. M... ..*

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

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.