

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29676**
7268

FILED AUG 26 1957

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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 town or city) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2111 CHEROKEE 0249				e. STREET ADDRESS (If rural, give location) 2111 CHEROKEE			
3. NAME OF DECEASED (Type or Print) a. (First) OLLIE			b. (Middle) H.			c. (Last) LANGHORST	
4. DATE OF DEATH (Month) (Day) (Year) AUG. 2 1957							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 21 1880	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BEER BOTTLER BUSCH BREWERY		10b. KIND OF BUSINESS OR INDUSTRY Mo.		11. BIRTHPLACE (City and State or Foreign Country) _____	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME CHRISTOPHER LANGHORST			13b. MOTHER'S MAIDEN NAME JOSEPHINE LUESSE			14. NAME OF HUSBAND OR WIFE CATHERINE LANGHORST	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 490-03-2363		17. INFORMANT'S SIGNATURE OR NAME CATHERINE LANGHORST ADDRESS 2111 CHEROKEE			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1561				INTERVAL BETWEEN ONSET AND DEATH 6m 0	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 June 15, 1957 , to Aug 2, 1957 , that I last saw the deceased alive on Aug 2, 1957 , and that death occurred at 8:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE A. M. Kimmner M.D. (Degree or title)				23b. ADDRESS 21145 Jefferson		23c. DATE SIGNED Aug 5 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG. 5 1957		24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
DATE REC'D BY LOCAL REG. AUG 5 57		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutas ADDRESS 2906 Leavis			

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

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Act

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
James O. Dill

Licensed Embalmer No. 43

P. O. Address 2306

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