

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38657

State File No. _____

FILED OCT 16 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2274

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Valley Park</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>	c. CITY OR TOWN <u>Valley Park</u> <u>4000</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Croft Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>110 Highland</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Earnestine</u>	b. (Middle) <u>F.</u>	c. (Last) <u>LANGENBACHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 12th 1957</u>
-------------------------------------	------------------------------	-----------------------	-------------------------------	-------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 7, 1878</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
----------------------	-------------------------------	-----------------------------------------------------------------------------	--------------------------------------	-------------------------------------------	-----------------------------------------	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress - Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods</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>Leopold Langenbacher</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Nagel</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
------------------------------------------------	---------------------------------------------	-----------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE 492-03-6184</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Viola Langenbacher</u>	ADDRESS <u>2804 Belt Ave.</u>
---------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	------------------------------------------------------------------	-------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arteriosclerosis with</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>parinoid tendencies.</u>	20. AUTOPSY? <u>2</u> 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) m.	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 1 1956, to Sept 10, 1956, that I last saw the deceased alive on Sept 10, 1956, and that death occurred at 6:0 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. W. W. W.</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>P. O. BOX 248 VALLEY PARK, MO.</u>	23c. DATE SIGNED <u>9-12-57</u>
--------------------------------------------------------------------	----------------------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/16/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
---------------------------------------------------------	--------------------------	-------------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>9-13-57</u>	REGISTRAR'S SIGNATURE <u>Herbert K. Don</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>	ADDRESS <u>1905 Union</u>
-----------------------------------------	---------------------------------------------	---------------------------------------------------------	---------------------------

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... *Warren P. Carver*

Licensed Embalmer No. *353*

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.