JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 19 1960

-60-028548
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6568

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: De Paul Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: University City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7306 Tulane Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Maude Middle: - - Last: Langenecker

4. DATE OF DEATH: Month June Day 27 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/26/79
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Office Clerk
10b. KIND OF BUSINESS OR INDUSTRY: County Court House
11. BIRTHPLACE (City and state or country): Cincinnati, O.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George E. Adleta
13b. MOTHER'S MAIDEN NAME: Elizabeth Sheridan
14. NAME OF HUSBAND OR WIFE: August Langenecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-34-0573
17. INFORMANT: Clifford W. Potter, Address: 7306a Tulane Ave

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): Art sclerotic cerebral cardiovasc dis. — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 422.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cirrhosis of liver.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 1 1959, to June 27, 1960 and last saw her/him alive on June 27, 60
Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): Wayne O. Gorla M.D.
22b. ADDRESS: 100 No Euclid
22c. DATE SIGNED: 6/28/6.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/29/60
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Drehmann-Harral, ADDRESS: 1905 Union Blvd.
25. DATE RECD. BY LOCAL REG.: JUN 28 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MDSV

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4257

P. O. Address St. Louis

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