

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029147

FILED VS. JUL 26 1960 317

Registration District No. 590 Registrar's No. 2082

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LADUE		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 12 HRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10056 BRIARWOOD DRIVE		d. STREET ADDRESS (If outside, give location) 1426 N. PARK PLACE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle LANGLITZ Last			4. DATE OF DEATH Month JULY Day 12 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 19 1875	9. AGE (last birthday) 84 YRS	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED UPHOLSTER		10b. KIND OF BUSINESS OR INDUSTRY CASKET CO.		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME CONRAD LANGLITZ		13b. MOTHER'S MAIDEN NAME MARGUERITE MALKMAS		14. NAME OF HUSBAND OR WIFE LILLIE LANGLITZ		
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. 492-09-9467		17. INFORMANT LEONA COOKE Address 10056 BRIARWOOD DRIVE LADUE, ST. LOUIS, MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infirmities of Old Age		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 None			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ST. LOUIS	COUNTY MO	STATE
21. I attended the deceased from 7/11/60 to 7/12/60 and last saw her him alive on 7/12/60 Death occurred at 4:10 PM 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE John B. Busee (Degree or title) M.D.		22b. ADDRESS Maplewood Mo		22c. DATE SIGNED 7/12/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JULY 14, 1960	23c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO
24. FUNERAL DIRECTOR Shed Meyer & Sons ADDRESS 3934 N. 20 ST ST. LOUIS, MO		25. DATE RECD. BY LOCAL REG. 7-12-60	26. REGISTRAR'S SIGNATURE John C. Murphy	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. 3749

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.