

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

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RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -60-047668
 STATE FILE NUMBER

DEED JAN 9 1961
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12160**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Mo. b. COUNTY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5935 Emma Ave.		c. CITY OR TOWN St. Louis	
Length of stay in lb Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5935 Emma Ave.	
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 HULDA Middle H. Last LANGHORST			4. DATE OF DEATH Month Dec. Day 19 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/13/1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Ft. Smith Arkansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME (unknown) Schmidt		13b. MOTHER'S MAIDEN NAME (unknown)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *****		16. SOCIAL SECURITY NO. None		14. NAME OF HUSBAND OR WIFE Henry E. Langhorst	
17. INFORMANT Henry E. Langhorst		Address 5935 Emma Ave.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 7 weeks
IMMEDIATE CAUSE (a) Carcinomatosis			
DUE TO (b) Primary carcinoma breast.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 170x			2 yrs.
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 checked="" 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 Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 2-13-59 , to 12-18-60 and last saw her/him alive on 12-17-60 Death occurred at 12-16-60 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) G.W. Knapp M.D.		22b. ADDRESS 4991 Thrush ave	
		22c. DATE SIGNED 12/19/60	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/21/1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) St. Louis Mo.
24. FUNERAL DIRECTOR JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.		25. DATE RECD. BY LOCAL REG. DEC 19 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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 _____

JM Riata

Licensed Embalmer No. 3980

P. O. Address H. Lau

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