

FILED JUL 23 1947

State File No. _____

Registration District No. 277

Primary Registration District No. 3063

Registrar's No. 1502

1. PLACE OF DEATH:

(a) County ST. L.
(b) City or town CHAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7631 FORSYTHE BLVD 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community SEVERAL YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. L.
(c) City or town CHAYTON
(If outside city or town limits, write "RURAL")
(d) Street No. 7631 FORSYTHE BLVD 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALTER M. LANGTRY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife DALE M. 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased FEB 30 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation RET MINISTER

11. Industry or business _____

MOTHER FATHER { 12. Name WM LANGTRY
13. Birthplace WEST VA!
(City, town, or county) (State or foreign country)
14. Maiden name SARAH HAMILTON
15. Birthplace P P O
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter M. Langtry

(b) Address 7631 Forsythe Blvd

17. (a) Burial (b) Date thereof 7-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIRAM CEM.

18. (a) Signature of funeral director Wm. St. Bopp, Inc

(b) Address Clayton

19. (a) 7-15-47 (b) Coil A. Sharp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1947 hour 10 minute 9 P. M.

21. I hereby certify that I attended the deceased from 1940 to July 17, 1947.
that I last saw him alive on July 10, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial hypo-tension
Due to Semility + myocarditis
Due to G3

Duration
<u>3 1/2</u>
<u>10 1/2</u>

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury O

3. Signature Thos. M. Davis (M. D. or other)
Address 24227 Grand Date signed 7/13/47

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

16
2
3

DEC 9 1997

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Peter B. Dubrouillet

Licensed Embalmer No. 369

P. O. Address Richard Heights, Va

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 this body is not embalmed, fact should be so stated above.