

FILED JAN 20 1972

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

71 051766

## CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/70Registration District No. 318Primary Registration District No. 1003Registrar's No. 115389. 0  
10a. 70  
10b.  
11. 0  
12. 1  
13. 410.0  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20.USUAL RESIDENCE  
WHERE DECEASED  
LIVED, IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

62261A

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST				SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. <u>Glenwood Langley</u>				2. <u>Male</u>		3. <u>December 19, 1971</u>			
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS		UNDER 1 YEAR UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. <u>White</u>		5a. <u>70</u>		5b. <u>70</u>		6. <u>December 30, 1900</u>			
5. CITY, TOWN, OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7a. <u>St. Louis</u>				7c. <u>Yes</u>		7d. <u>D.O.A. St. Louis City Hospital # 1</u>			
8. <u>Missouri</u>		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. <u>Laura Davidson</u>			
9. <u>U.S.A.</u>				10. <u>Married</u>					
12. <u>Missouri</u>		13a. <u>Maintenance Man</u>		13b. <u>Factory</u>					
12. RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER	
14a. <u>Missouri</u>		14b. <u>St. Louis</u>		14c. <u>Yes</u>		14d. <u>1453 No. Market St.</u>			
15. FATHER—NAME FIRST MIDDLE LAST				MOTHER—MAIDEN NAME FIRST MIDDLE LAST					
15. <u>James H. Langley</u>				16. <u>Harriete Troctor</u>					
17. INFORMANT—NAME				17b. <u>1453 No. Market St. St. Louis, Missouri 63106</u>					
17a. <u>Mrs. Laura Langley</u>									
PART I. DEATH WAS CAUSED BY:				[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE									
(a) <u>Acute myocardial infarction</u>								<u>sudden</u>	
DUE TO, OR AS A CONSEQUENCE OF:									
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST									
(b) <u>Hypertension moderate</u>								<u>3 yrs.</u>	
(c) <u>Arteriosclerotic heart disease</u>								<u>3-4 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
						19a. <input checked="" type="checkbox"/>		19b. <input type="checkbox"/>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c.		20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS			
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID NOT VIEW THE BODY AFTER DEATH.	
21a. DECEASED FROM		21b. DECEASED FROM		21c. DECEASED FROM		21d.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. <u>5-12-69</u>		21b. <u>11-29-71</u>		21c. <u>11-29-71</u>		21d.		21e. <u>4:00 A.M.</u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD			
22a.				22b. <u>4:00 A.M.</u>		22c. <u>12-19-71</u>		22d. <u>4:00 A.M.</u>	
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OF TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>L. F. DONLEY MD</u>				23b. <u>L. F. Donley MD</u>		23c. <u>MD</u>		23d. <u>1-10-72</u>	
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23a.				23b. <u>2425 W Broadway</u>		23c. <u>St. Louis, Mo</u>		23d. <u>63102</u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE	
24a. <u>Burial</u>		24b. <u>Bellefontaine Cemetery</u>		24c. <u>St. Louis, Missouri</u>		24d.		24e.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
24a. <u>December 21, 1971</u>		24b. <u>BELLEVILLE LODEN F.H. INC 1936 ST. LOUIS AV. ST. LOUIS, MO. 63106</u>		24c. <u>Donald A. Egan</u>		24d. <u>William R. Burtch</u>		24e. <u>12-21-1971</u>	
25a.		25b.		25c.		25d.		25e.	

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 Harmon W. Dutz

Licensed Embalmer No. 3882

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.