V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11455

FILED MAY 12 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3864

1. PLACE OF DEATH:

(a) County

(b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6606 Vermont Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town city of St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6606 Vermont Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pauline Langford

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Andrew Langford

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 5 (Day) 1865 (Year)

8. AGE: Years 80 Months 2 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Gustave Woehrlin
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophia Metaner
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant
(b) Address 6606 Vermont

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) MAY 1 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28th year 1945 hour 7 minute 0 P.M.

21. I hereby certify that I attended the deceased from January 1945, to April 28, 1945; that I last saw her alive on April 25, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	1 day
Due to Chronic Bronchitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations:
Of autopsy none

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

23. Signature Nicholas A. Young (M. D. or other)
Address 4215 S Grand Blvd Date signed 4-29-45

(Licensed Embalmer's Statement on Reverse Side)

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis, Mo.

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.