MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3186

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. ..... E 785

Township ..... Primary Registration District No. 1003 Registered No. ..... E 785

City St. Louis (No. 3459 California ave St. ..... Ward)

2. FULL NAME Fredrick Edward Lange

(a) Residence. No. 3459 So. Calif. ave St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 17 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	9	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods Merchant

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

PARENTS

10. NAME OF FATHER Christ Lange

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Geiserke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Anna M. Lange
(Address) 3459 Calif. ave

15. FILED JAN 23 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 21 1927

17. I HEREBY CERTIFY, That I attended deceased from JAN. 13th, 1927 to JAN. 22ND, 1927 that I last saw him alive on JAN. 22ND, 1927, and that death occurred, on the date stated above, at 10:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93 C

BRONCHIOL ASTHMA —

Non Tubercular

112 (duration) — yrs. 1 mos. 10 ds.

CONTRIBUTORY (SECONDARY) RECURRENT CHRONIC BRONCHITIS + MYOCARDIAL DEGENERATION 5 Chronic (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) Walter E. Frank, M.D.

1-22, 1927 (Address) 1405 S. Broadway St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mo. Crematory

DATE OF BURIAL Jan. 25 1927

20. UNDERTAKER Wacker-Heldeck

ADDRESS 2331 So. Bay

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.