

111

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

Do not use this space.

3268

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1001  
 City St. Louis mo (No. Activity Hospital # 1)

File No. .... **1042** ..  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

Christian Lange  
 (a) Residence, No. 1013 Rutger St., 22 Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<p><b>3. SEX</b> <u>Male</u></p> <p><b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Married</u></p> <p><b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Oct 18 - 1852</u></p> <p><b>7. AGE</b></p> <table style="width: 100%; text-align: center;"> <tr> <td>YEARS <u>79</u></td> <td>MONTHS <u>3</u></td> <td>DAYS <u>12</u></td> <td>IF LESS than 1 day, ..... hrs. or ..... min.</td> </tr> </table> <p><b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>salesman</u></p> <p><b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>Spring class co.</u></p> <p><b>10. Date deceased last worked at this occupation (month and year)</b> .....</p> <p><b>11. Total time (years) spent in this occupation</b> .....</p> <p><b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>St. Louis mo</u></p> <p><b>13. NAME</b> <u>Unknown</u></p> <p><b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Unknown</u></p> <p><b>15. MAIDEN NAME</b> <u>Unknown</u></p> <p><b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Unknown</u></p> <p><b>17. INFORMANT (ADDRESS)</b> <u>Edwin Lange</u> <u>1013 Rutger</u></p> <p><b>18. BURIAL, CREMATION, OR REMOVAL</b> PLACE <u>Our Redeemer</u> DATE <u>7-1</u> 19<u>32</u></p> <p><b>19. UNDERTAKER (ADDRESS)</b> <u>Ziegenfuss Bros</u> <u>3673 Cherokee St</u></p> <p><b>20. FILED</b> <u>5-1</u> 19<u>32</u> <u>Max [Signature]</u> Registrar</p>	YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>12</u>	IF LESS than 1 day, ..... hrs. or ..... min.	<p><b>4. COLOR OR RACE</b> <u>White</u></p> <p><b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> <u>Married</u></p>	
YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>12</u>	IF LESS than 1 day, ..... hrs. or ..... min.			

**3 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 30, 1932

**22. I HEREBY CERTIFY**, that I attended deceased from 94 [Signature] in attendance, 1932, to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said

to have occurred on the date stated above, at 249 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Fractured Left Femur  
received when he slipped on ice and fell to brick pavement  
 Other contributory causes of importance: .....

Date of onset  
.....

1860 Accident  
 Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

**23. If death was due to external causes (violence), fill in also the following:**

Accident, suicide, or homicide? Accident Date of injury 1/25, 1932

Where did injury occur? St. Louis, mo  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
at home

Manner of injury Fall to yard

Nature of injury Fractured Left Femur

**24. Was disease or injury in any way related to occupation of deceased?** No

If so, specify .....

(Signed) J. W. Kerner M.D.

(Address) .....

2/1/32 ..... Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

