

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.

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

Do not use this space.

14866

1. PLACE OF DEATH

County..... Registration District No. 793
Township..... Primary Registration District No. 10483
City St. Louis Mo. (No. Sanitarium)

File No.....
Registered No. 4265
St. Ward

2. FULL NAME

Morris Lange
(a) Residence, No. 2846 1/2 St. Ferdinand St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Missouri

13. NAME Henry Lange

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Missouri

15. MAIDEN NAME Elicie Rischek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Arthur A. Hines 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem. DATE May 2 1932

19. UNDERTAKER (ADDRESS) Reiderwieser Funeral Home 1936 1/2 St. Louis

20. FILED MAY - 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1932, to 4-29, 1932

I last saw him alive on 4-28, 1932. Death is said to have occurred on the date stated above, at 4:45 A.M.

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

Epilepsy
85
85
Other contributory causes of importance: 1

Date of onset 11-20-31

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Arthur A. Hines, M. D.
(Address) 5400 Arsenal St.

