

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

Do not use this space.

**701
1003**

17794

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis..... (No. 4559 Chouteau ave)..... St. Ward)

File No.....
Registered No. **3962**
St. Ward)

2. FULL NAME Henry C. Lange.

(a) Residence, No. St. 18 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 4

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME John C. Lange.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Gertrude Schuermann.

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

17. INFORMANT Henry Lange (ADDRESS) 423 Adams St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE May 3d 1933

19. UNDERTAKER Wm. Schuermann (ADDRESS) 4309 National Bldg

20. FILED 1933 Wm. Schuermann Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1933

22. I HEREBY CERTIFY, that I attended deceased from April 29, 1933, to May 1, 1933
I last saw him alive on May 1, 1933 Death is said to have occurred on the date stated above, at 3 P.M.

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

Acute myocardial infarction Date of onset 4/27/33
82A
82A
11
Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of.....

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

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? Yes

If so, specify (Signed) A. S. Ramsey, M. D.

(Address) 2342 Robison

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.

1/21

1/21