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.

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 36154

Township ..... Primary Registration District No. 1003 Registered No. 9798

City St Louis Mo. (No. At Home, ... St. ..... Ward)

2. FULL NAME Dionigi Lange

(a) Residence, No. 5336 Shaw Ave St., 13 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 13, 1884

7. AGE: YEARS 52 | MONTHS 0 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.
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) Italy

FATHER

13. NAME Guiseppe Lange
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Isabella Re
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Mrs Angeline Lange 5336 Shaw Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sts Peter & Paul DATE Sept 28 1936

19. UNDERTAKER (ADDRESS) Paul C. Calcaterra 5142 Daggett Ave

20. FILED [illegible] 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936 to Sept 15, 1936
I last saw him alive on Sept 15, 1936. Death is said to have occurred on the date stated above, at 11:00 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of oesophagus. | Date of onset

HA

Other contributory causes of importance:
Perforation into trachea —
Bronchopneumonia — Terminal

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? No.

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) Ellis Fischel, M. D.
(Address) 400 Metropolitan Bldg.