

OCT 14 1937

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

791
1003

32232
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. 8286
(c) City St. Louis Mo. (d) Street No. 1109 Geyer Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Lange

(a) Residence, No. 1109 Geyer Ave St. 23 (If nonresident, give city or town and State) 50
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Louise Lange (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 69 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brewery Beer
9. Industry or business in which work was done, as saw mill, bank, etc. Driver
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME William Lange
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS) William Lange Jr. 5042 S. 37th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul Sept 4 1937

19. FUNERAL DIRECTOR (ADDRESS) Thos. L. L. 2906 Gravois Ave.

20. SEP 3 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/30 1937 to 9/1 1937

I last saw him alive on 9/1 1937 Death is said to have occurred on the date stated above, at 1400 m.

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

Coronary artery.

Other contributory causes of importance:
1) Chronic myocarditis & cardio-vascular renal syndrome and hypertension. (2) Rt. ureteral calculi. 8/30/37

Name of operation none Date of operation
What test confirmed diagnosis? P.E. 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
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? no
If so, specify (Signed) Wm J. W. M. D.
(Address) 1040 Emmet

1040 E m

STATEMENT BY LICENSED EMBALMER

I, Thos. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Thos. KUTIS

L. E. 1619

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Thos. Kutis

Licensed Embalmer No. 1619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)