

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

Do not use this space.

**NOV 18 1937**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 3804 Prospect)

Registration District No. ....  
Primary Registration District No. ....

File No. 35837  
Registered No. 2005 (Ward)

**2. FULL NAME Salvatore Lenge**

(a) Residence, No. 3804 Prospect St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 54 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**

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 Alvina Lenge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24th 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
85 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician  
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) 8 years ago 11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caralo Italy

13. NAME Rocco Lenge

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

15. MAIDEN NAME Katherine (Unknown)

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

17. INFORMANT Mrs. Alvina Lenge (ADDRESS) 3804 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct 25th 1937

19. UNDERTAKER Henry Werner Sons (ADDRESS) Kansas City - Mo.

20. FILED 10-24 1937 M. M. Crovlesch Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1937 to Oct 22 1937

I last saw him alive on Oct 22 2 PM 1937. Death is said to have occurred on the date stated above, at 4 P. M.

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

Cerebral Thrombosis Date of onset 10-16-1937

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation None Date of .....

What test confirmed diagnosis? ..... 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) Albert J. Maris M. D. (Address) Reliance Bldg, 10 1/2 E. Me Fee

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.

OCCUPATION

MOTHER FATHER

16  
16  
16

1927  
1883  
-4