

1938 OCT 12 133

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

30499
Do not use this space.
7936

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **3943a N. 19th St.** St. **7936**
(e) Length of residence in city or town where death occurred **45** yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank Lange**

(a) Residence, No. **3943a N. 19th St.** St. **26**
(Usual place of abode, if no street address, write county or city) (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 **Husband of Katherine**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 3, 1893**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 5 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Contractor**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, and year) **June 1938** 11. Total time (years) spent in this occupation **30**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Lange**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Elizabeth Brummel**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Mrs. Katherine Lange** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Sept. 9, 1938**

19. FUNERAL DIRECTOR **Suedmeyer & Sons** (ADDRESS) **3934 N. 20th St.**

20. FILED **SEP - 8 1938** **J. F. Zudek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/6/1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **3:30 A.M.**

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

Edema of Brain
Purulent Meningitis
Chronic Myocarditis + Atherosclerosis
(Cause Unknown)

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? **No**
If so, specify.....
(Signed) **Alfred Perry M.D.**
(Address) **Alfred Perry M.D.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Geo. F. Schubert

(Licensed Embalmer No. 2212)

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

Myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Geo. F. Schubert

Licensed Embalmer No. 2212

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.)