

RECORDED JAN 17 1939

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

40700  
Do not use this space.

791  
1003

Registered No. 10392

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis, Mo. (d) Street No. 5043 Lansdowne 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 Rev. August Lange

(a) Residence, No. 5043 Lansdowne St. 14 (If nonresident, give city or town and State)  
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5th, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 10 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Editor & Pres.  
9. Industry or business in which work was done, as saw mill, bank, etc. Publishing Co.  
10. Date deceased last worked at this occupation (month and year) November 8, 1938 11. Total time (years) spent in this occupation 16 yrs.

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

FATHER 13. NAME Louis Lange

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

MOTHER 15. MAIDEN NAME Margaret Schmidt

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

17. INFORMANT (ADDRESS) Miss Anna Lange  
5043 Lansdowne

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE Dec. 2, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Beiderwieden F. H. Inc.  
1936 St. Louis Avenue

20. FILED DEC 1 1938 J. D. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 11:10, 1938, to 11:29, 1938

I last saw him alive on 11:29, 1938. Death is said to have occurred on the date stated above, at 10:07 P. M.

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

Coronary artery thrombosis 11/29/38  
Chronic myocarditis ?  
Arteriosclerosis ?

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? no  
If so, specify Eugene A. ... M. D.  
(Signed) Eugene A. ...  
(Address) 23325 5 Brand

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.

Mr. Vogel  
3325 St Louis  
2-4 7-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Felix J. Krupar

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

**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.)**

**If this body is not embalmed, above space should be left blank.**