

1930 APR 12 1939

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

791
1003

8879
Do not use this space.
2644

1. PLACE OF DEATH

(a) County..... / Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St Louis / (d) Street No. Deaconess Hospital 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

Charles Lange
(a) Residence, No. 468 Florence One St. NR Webster Groves Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arma Lange</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19 - 1878</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>6</u>	DAYS <u>0</u>
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Partner in</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Loy. Lange Bldg Co</u>	
	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) <u>Missouri</u> <u>0</u>		
FATHER	13. NAME <u>Berthold Lange</u> <u>6</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>0</u>	
MOTHER	15. MAIDEN NAME <u>Janet Vogel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (NAME) (ADDRESS) <u>Arma C. Lange</u> <u>468 Florence One Webster Groves</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>3-22-1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Louis H. Bopp</u> <u>Kirkwood, Mo.</u>		
20. FILED <u>MAR 20 1939</u> <u>J. B. Bricker</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-1939

22. I HEREBY CERTIFY, That I attended deceased from 10-22- 1935 to 3-19- 1939
I last saw him alive on 3-19- 1939 Death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:
Spontaneous Subarachnoid Hemorrhage
Chronic Nephritis

Date of onset 3-13-39

Other contributory causes of importance:
10-22-35

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?.....

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) Arthur W. Westrup, M. D.
(Address) Webster Groves Mo.

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.

WHILE SERVING WITH OUR ARMY IN FRANCE—THIS IS A PERMANENT RECORD

X116605

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.....

John M Meyer
.....
working under my personal supervision.

Registered Apprentice No.....

Signed *John M Meyer*
.....

Licensed Embalmer No. *3288*

P. O. Address *Wickwood, Mo*

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.