

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 X1951

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27544

REC'D SEP 14 1939 791

Registration District No. 1008

Primary Registration District No.

Registrar's No.

7044

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution:
4427 Ellenwood Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME August Lange. 520

3. (b) If veteran, name war
3. (c) Social Security No. None.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Katherine Lange. 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased December 10th, 1863.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 2 hr. min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Machinest

11. Industry or business

12. Name ? Lange

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Hem

(b) Address 5326 Tholgan

17. (a) Cremation (b) Date thereof August 14, 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Ziegenheim Bros.

(b) Address 2623 Cherokee Street.

19. AUG 14 1939 (b) J. F. Budich
(Date registered local registrar) (Attendant's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Saint Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 4427 Ellenwood Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th.
year 1939. hour 3 minute 5 A. M.

21. I hereby certify that I attended the deceased from April 15th, 1939 to August 12th, 1939
that I last saw him alive on Aug 12th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death of pneumonia
of liver
Duration 6 mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature H. A. Schlegel (M. D. or other)

Address 4724 Devoe Date signed 8/12/39

. DEPT 1151

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.....

W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee Street.

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.