

FILED AUG 25 1940 91

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 weeks  
 (Specify whether  
 In this community 57 years  
 years, months or days)

8. (a) PRINT FULL NAME GEORGE LANGE 570

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mathilda Lange 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 6, 1868  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>-</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Tire & Auto Accessories

11. Industry or business 6

12. Name John Lange 1860

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

14. Maiden name Maria Klein

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

16. (a) Informant Arthur G. Haste

(b) Address 3218 Stalleday

17. (a) Burial (b) Date thereof July 13, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchward

18. (a) Signature of funeral director Beiderwider Terminal

(b) Address 1936 St. Louis Avenue

19. (a) Jul 13 1940 (b) J. F. Brobeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 24  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3548 S. Jefferson  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 57 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 11th  
 year 1940 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the left femur; arterio

Due to Arterio-sclerosis of femur when deceased fell

Due to to the floor at his home

Other conditions. (Include pregnancy within 6 months of death)  
3458 Near So. Jefferson

Major findings: Of operations on June 6-1940 at

Of autopsy about 7:00 P.M.  
accident

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

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

(b) Date of occurrence 6/6/40

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

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

While at work? \_\_\_\_\_ (Specify type of work)  
 Nature of injury \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_

Address Republication Date signed 7/13/40

**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.....

Licensed Embalmer No. 3737

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.