

2
13-40
7-39
X2315

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6493

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:
730 Hawk Ave. 2
(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 Henry Lange 520

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 3, 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John H Lange

13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

14. Maiden name Mary Meier

15. Birthplace Germany 6
(City, town, or county) (State or foreign country)

16. (a) Informant John Lange

(b) Address 730 Hawk Ave

17. (a) BURIAL (b) Date thereof 8-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director K. Schaefer Mortuaries

(b) Address 4104 Manchester Ave

19. (a) AUG 1 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 730 Hawk Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 th
year _____ hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from July 30, 1940 to July 30, 1940
that I last saw him alive on July 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation Duration 3 days

Due to chronic myocarditis 5 years

Due to chronic alcoholism 15 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 James P. Blawieck (M. D. or other) M. D.

Address 2608 S. Highway Date signed 7/31/40

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

MOTHER FATHER

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 *Edw. M. Altmatt*

Licensed Embalmer No. *3024*

P. O. Address.....

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, fact should be so stated above.