

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

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.

REG. MAR 25 1947 91
Registration District No. _____

Primary Registration District No. **1003**

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

8. (a) PRINT FULL NAME **Katie Lange,**
8. (b) If veteran, name war _____ 8. (c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **August Lange** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 21st, 1864**
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown 4 Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER
12. Name **Unknown**
18. Birthplace **Unknown 4 Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown 4 Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Dorothy Lange**
(b) Address **4427 Ellenwood Ave**

17. (a) **Cremation** (b) Date thereof **Feb. 15-41.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory.**

18. (a) Signature of funeral director **Ziegenhain Bros.**
(b) Address **2623 Cherokee Street**

19. (a) **FEB 13 1941** (b) **J. W. Fredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County **COOKS**
(c) City or town **Saint Louis, 17**
(If outside city or town limits, write "RURAL")
(d) Street No. **4427 Ellenwood Ave.**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **17th,** 11th
year **1941.** hour **9** minute **15 P M**
21. I hereby certify that I attended the deceased from **Jan 17th**
1939 to **Feb 12**, 19**41**
that I last saw him alive on **Feb 12**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **24 yrs.**

Due to _____
Due to _____
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 **0**
23. Signature **W. J. Fulmer** Date signed **2/21/41**
Address **4724 Gravel**

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.....

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.