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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5620

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1868

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LUTHERN HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 WEEK'S (Specify whether years, months or days)

In this community 40 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17

(c) City or town ST. LOUIS 9 2 (If outside city or town limits, write "RURAL")

(d) Street No. 6107 GRAVOIS (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EDNA LANGE

3. (b) If veteran, name war

3. (c) Social Security No. 493-09-1329

4. Sex FEMALE

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 JAN. (Month) 27 (Day) 1901 (Year)

8. AGE: Years 40 Months 0 Days 29 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) O MISSOURI (State or foreign country)

10. Usual occupation POWER OPERATOR

11. Industry or business MILLINERY

FATHER
12. Name HENRY LANGE
13. Birthplace ST. LOUIS (City, town, or county) O MISSOURI (State or foreign country)

MOTHER
14. Maiden name LOUISE SCHBERT
15. Birthplace ST. LOUIS (City, town, or county) O MISSOURI (State or foreign country)

16. (a) Informant HENRY LANGE

(b) Address 6107 GRAVOIS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA CEM.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 North 20 St.

19. FEB 27 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day Wed. 26 year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from January 20, 1941, to February 25, 1941; that I last saw her alive on February 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis due to perforated appendix

Due to Perforated appendix

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Perforated appendix

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury D

23. Signature G. H. Schoetker M. D. or other

Address 5401 91 Gravois Date signed 2/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Bedelter

Licensed Embalmer No. 2663

P. O. Address 4204 Maine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.