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1-4-41
17-39
X28390

FILLED NOV 24 1941

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **8341**

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:
3925 Bowen
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mr. Edward F. Lange

3. (b) If veteran, name war --- 3. (c) Social Security No. 489-05-1585

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

6. (b) Name of husband or wife Mrs. Anna Lange 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 28, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months - Days 21 If less than one day
hr. _____ min. _____

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

10. Usual occupation Proof Reader

11. Industry or business Drug Package, Inc.

12. Name Charles F. Lange

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

14. Maiden name Louisa Brinkmeyer

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

16. (a) Informant Anna Lange
(b) Address 3925 Bowen

17. (a) Burial (b) Date thereof Oct. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) OCT 21 1941 (b) J. F. Brudeck
(Date of delivery of certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 19
(d) Street No. 3925 Bowen (If rural, give location) 91
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1941 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 13th 1941 to Oct 18th 1941.
that I last saw him alive on Oct 18th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic mitral regurgitation
Duration many years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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 E. M. Schurich (M. D. or other) 0

Address 2327 S. 12th St. Date signed Oct 20th 1941

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

10

Dr. E. M. Schum
2327 E. 12th

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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.....
[Handwritten Signature]

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, fact should be so stated above.