

No. 2
4-5-42
5-17-39
X322873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILE DEC 16 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38073

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2411

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

1. PLACE OF DEATH: St. Louis
(a) County Clayton
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 4 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 319 Westside Ave.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Franciska Lange
(b) If veteran, name war ? (c) Social Security No. ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 17 year 1942 hour 5 minute :05 p.m.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow 2
7. Birth date of deceased Aug. 16 1872

21. I hereby certify that I attended the deceased from 11-13-42 to 11-17-42
that I last saw her alive on 11-17-42 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 3 Days 1 If less than one day hr. min.

Immediate cause of death: Coronary Occlusion
Duration: 2 days

9. Birthplace: Weisign Germany

Due to: aya

10. Usual occupation: none Home

Other conditions: Abdominal mass

11. Industry or business

MOTHER FATHER { 12. Name: William Thomas
13. Birthplace: unknown Germany
14. Maiden name: Anna Luding (VonLudwig)
15. Birthplace: unknown Germany

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Esther Couriskey
(b) Address: 319 Westside Ave.

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

17. (a) (b) Date thereof: 11-19-42

(c) Place: burial or cremation: Odd Fellows Cem.
(a) Signature of funeral director: Mittelborg Fun. Ho

(e) While at work? (Specify type of place) (c) Means of injury

(b) Address: 1111 E. G. St. St. Louis, Mo.
(a) NOV 18 1942 (b) Registrar's signature

23. Signature: J. J. Mathews (M. D. or other)
Address: St. Louis County Hosp. Date signed 11/18/42

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.....

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.

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Wilhelm Thomas

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

MOTHER FATHER { 14. Maiden name Anna Von Ludwig

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

16. (a) Informant ~~Wm. ...~~

(b) Address 319 Westside Ave

17. (a) _____ (b) Date thereof 11-29-12
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME, INC.

(b) Address WEBSTER GROVES, MO.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 sta-
tistically.

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 _____ (M. D. or other)

Address _____ Date signed _____

R-3776

Re 11-20

(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

Welford G Burnley

Licensed Embalmer No. *4202*

S-38073

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.