

S. No. 2
M-5-42
7-5-17-39
VI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38984

FILED JAN 14 1943

State File No.

Registration District No. **318** Primary Registration District No. **000** Registrar's No. **49**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **19 Days**
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4441 Lee**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **John C. Lange**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nora Moran Lange**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **November 25 1896**
(Month) (Day) (Year)

8. AGE: Years **46** Months **1** Days **7** If less than one day
hr. min.

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

10. Usual occupation **Machinist**

11. Industry or business.....

MOTHER FATHER { 12. Name **Henry Lange**

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

14. Maiden name **Anna Jungman**

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

16. (a) Informant **Mrs. Nora Lange**

(b) Address **4441 Lee Ave.**

17. (a) **Burial** (b) Date thereof **1-5-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **JAN 4 1943** (b) **J. P. Bredack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **2**, year **1943** hour **8:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **December 16, 1942** to **January 2, 1943**; that I last saw him alive on **January 2, 1943**; and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**

Due to **Infective aortitis**

Due to.....

Other conditions **Parosisis 3/4**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **Infective aortitis**

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.....

23. Signature **Thomas A. Sweetman** (M. D. or other)

Address **1515 Lafayette Avenue.** Date **1/2/43**

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

P

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

Sheldon Collier

Licensed Embalmer No. *3382*

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.