

FILED DEC 20 1943

318 Primary Registration District No. 1003

20140

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Week
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL"
(d) Street No. 8015 Carondelet
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ameila Josephine Lange

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SD

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1919
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Waitress

11. Industry or business _____

MOTHER FATHER { 12. Name Charles H. Lange

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Mosblech

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

16. (a) Informant Mrs. Mary Lnage

(b) Address 8015 Carondelet, Clayton, Mo

17. (a) Burial (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc

(b) Address Kirkwood, Mo

19. (a) DEC 16 1943 (b) J. T. Bredest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1943 hour 2:30 AM

21. I hereby certify that I attended the deceased from June 1943 to June 1943 that I last saw him alive on June 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Septic
Outbreak of Septic and
Septicemic Disorders

Due to 63

Other conditions and Septic sister being
(Include pregnancy within 3 months of death)
Major findings: Cardiac changes
Of operation _____

Of autopsy _____

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 J. T. Bredest (M. D. or other) _____
Address 4930 Buena Vista Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

11258

11258

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 Felix Durand
Licensed Embalmer No. 3034
P. O. Address Kirkwood Missouri

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.