

FILED NOV 10 1944

Primary Registration District No. 1003

Registrar's No. 9332

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: St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 (Specify whether 5 1/2 hrs)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Alton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 8616 Elgin NR
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Louis Lange

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

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2
year 44 hour 12 minute 07 AM

21. I hereby certify that I attended the deceased from 11-1, 1944, to 11-2, 1944;
that I last saw him alive on 11-2, 1944;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 9 (Month) 24 (Day) 43 (Year)

Immediate cause of death meningitis

Due to tuberculosis

Due to lungs not affected

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 14

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Louis John Lange

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

14. Maiden name Margaret Hayden

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

16. (a) Informant Louis J. Lange

(b) Address 8616 Elgin Ave.

17. (a) Burial (b) Date thereof 11/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

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? _____ (Specify type of place)

23. Signature Gilbert B. Lorber (M. D. or other) _____

Address 500 South Kingshighway Date signed 11/2/44

18. (a) Signature of funeral director J.L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) NOV 2 1944 (Date received local registrar)

J. F. Bredek (Registrar's signature)

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

979

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.....

C. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Grandis*

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.