

Registration District No. 318

Primary Registration District No. 1003

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:  
4132A W. Nat'l. Bridge Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4132A W. Nat'l. Bridge Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Minnie Lange

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

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

6. (b) Name of husband or wife William F. Lange 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 28, 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 15 If less than one day  
hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Henry Reupke

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

14. Maiden name Denna Feldmann (City, town, or county) (State or foreign country)

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

16. (a) Informant Frieda Lange

(b) Address 4132A W Nat'l. Bridge Ave

17. (a) Burial (b) Date thereof 11/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Paschedag-Henke Fun.

(b) Address 2825 N Grand

19. (a) NOV 15 1944 (b) J. F. Bredet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 13th  
year 1944 hour 8 minute 40P.M.

21. I hereby certify that I attended the deceased from Jan. 10, 1944 to Nov. 13, 1944  
that I last saw her alive on 11/13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
myocardial Failure  
Ch. Myocarditis

Due to senility

Due to

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

Major findings:  
Of operations

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?

Home (Specify type of place)

While at work? (c) Means of injury

23. Signature William O. Marvick M.D. (M.D. or other)

Address 3633 Fair Ave Date signed 11/14/44

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

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

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 Albert G. Hopper

Licensed Embalmer No. 2971

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.**