No. 2
8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39537

Registrar's No. 10854

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 8468 Lackland Ave. N.R.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Lange

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Lange

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug (Month) 6 (Day) 1894 (Year)

8. AGE: Years 50 Months 4 Days 12 If less than one day ~~51 8 6~~ hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John C. Weber
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Lena Geiger
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Charles H. Lange
(b) Address 8468 Lackland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) DEC 20 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1944 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 18. '44, 19 to , 19 ;
that I last saw her alive on Dec. 18. 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Chronic Interstitial Myocarditis — Duration 1-2 yrs.
Due to
2. Hypertension with arteriosclerosis — 2 yrs.
Due to

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 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 Francis J. Canepa (M. D. or other) M.D.
Address 462 N. Taylor Ave. Date signed Dec. 19 '44

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1946

Pasteur Bldg. Taylor & Olive

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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 R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.