

Registration District No. Jan 20 1945 318

Primary Registration District No. _____

Registrar's No. _____

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:
MISSOURI BAPTIST HOSPT.
 (If not in hospital or institution, write street number, location)
 (d) Length of stay: In hospital or institution 64 HRS.
 In this community 56 yrs. 10 mos. 19 yrs.
 years, months or days

3. (a) PRINT FULL NAME ALFRED LANGE3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife ELVA LANGE
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased FEB. 19, 1888
 (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 19 If less than one day _____ hr. _____ min.9. Birthplace ST. LOUIS MO. U
(City, town, or county) (State or foreign country)10. Usual occupation CHECKER11. Industry or business SCOLLINSTEEL CO.12. Name FRANK LANGE if _____13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)14. Maiden name AGNES ELHOLM15. Birthplace DAVENPORT IOWA
(City, town, or county) (State or foreign country)16. (a) Informant JOSEPHINE WEBER(b) Address 4349 LINTON AVE.17. (a) BURIAL (b) Date thereof 1-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY CEMETERY18. (a) Signature of funeral director Goodhart Goodhart(b) Address 2228 ST. LOUIS AVE19. (a) JAN 10 1945 (b) J. F. Dredlich
(Date received local registrar) (Registrar's signature)

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. 4349 LINTON AVE
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1945 hour 8 minute A M.21. I hereby certify that I attended the deceased from 2-22 1939, to 1-7 1945
that I last saw him alive on 1-7 1945
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis Duration 6 yrs.Due to Rheumatic fever

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Alfred M. Jangestack (M. D. or other) M.D.
Address 5427 Southway Ave Date signed 1-9-45

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.....

Marie A. Cashio

Licensed Embalmer No. *3949*

P. O. Address *St. Louis Mo*

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.