

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22194

FILED AUG 3 1945

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 100G Registrar's No. 6584

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town city of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5422 Pennsylvania Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 56 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town city of St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5422 Pennsylvania Avenue 9 15  
(If rural, give location)  
(e) Citizen of foreign country? no 6 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frances L'Ange  
(b) If veteran, name war none  
(c) Social Security No. none  
(d) Sex female (e) Color or race white  
(f) (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Alphonse L'Ange  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
(g) Birth date of deceased December 21 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 25  
year 45 hour 9.11 minute A.M.  
21. I hereby certify that I attended the deceased from 7-10-45  
1945 to 7-25 1945  
that I last saw h. & c. alive on 7/25/45  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death Ac Delation of Heart  
Due to chronic myocarditis  
and arterio-sclerosis  
Duration 1 year  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
9. Birthplace Austria (City, town, or county) (State or foreign country)  
10. Usual occupation housewife  
11. Industry or business at home  
12. Name John Siefert  
13. Birthplace Austria (City, town, or county) (State or foreign country)  
14. Maiden name teresa knichig  
15. Birthplace Austria (City, town, or county) (State or foreign country)  
16. (a) Informant Alphonse L'Ange  
(b) Address 5422 Pennsylvania Avenue  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-28-45  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park  
18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6334 So. Grand Blvd  
19. (a) JUL 27 1945 (Data received local registrar) (b) J. F. P... .. (Registrar's signature)

Physician  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Erwin A. Creulus (M. D. or other) \_\_\_\_\_  
Address 749 S. ... Date signed 7/25/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Vergil R. Berryman*

Licensed Embalmer No. *4818*

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.