

V. S. No. 2  
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Rev. 5-17-39  
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32091

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED OCT 19 1945 318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's No. 8704

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:  
Lutheran Hospital 6  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether \_\_\_\_\_)

In this community 79 years (Specify whether \_\_\_\_\_ years, months or days)

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. 40 N. Kingshighway  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES F. LANGE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-20-6227

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Laura C., nee Fritsch

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 6, 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>7</u>	<u>1</u>	— hr. — min.

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

10. Usual occupation Manager, Parkview Dining Room

11. Industry or business Restaurant

MOTHER FATHER

12. Name Charles F. Lange Sr.

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Carolina Brinkmeyer

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura C. Lange

(b) Address 40 N. Kingshighway

17. (a) Burial (b) Date thereof 10-9-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) OCT 9 1945 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7  
year 1945 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from October 1, 1945, to October 7, 1945;  
that I last saw him alive on October 6, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction Duration 1 week

Due to Carcinoma of retrosigmoid colon and

Due to Hb 3 months

Other conditions Hb

1 (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Carcinoma of retrosigmoid

Of operations at operation - Colostomy on Oct. 7, 1945

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 Walter A. Schuster (M. D. or other) M.D.

Address 508 N. Grand Blvd Date signed 10/8/45

(Licensed Embalmer's Statement on Reverse Side)

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

100  
17  
9

**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.....

*Delis J. Krupin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1936 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.**