

FILED JUN 1 1948 318

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

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

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day  
(Specify whether years, months or days) one year

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. 2000 Benton Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bertha A. Lange

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex F / race W 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased October 19 1863  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Karl Tabbert

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

14. Maiden name Wilhemina Eckert

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

16. (a) Informant Rev. Robert G. Lange

(b) Address 2000 Benton St.

17. (a) Burial (b) Date thereof May 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago, Ill.

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

(b) Address 1936 St. Louis Ave.

19. (a) MAY 21 1948 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th  
year 1948 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from May 19, 1948 to May 20, 1948  
that I last saw her alive on May 20, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Resulting in Left Hemiplegia

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?

23. Signature Melvin Jess (M. D. or other) M.D.  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 3611 St. Louis Ave Date signed 5-21-48

Duration 1 day  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Dr. Melvin Tess

Room #3, Municipal Courts Bldg

Friday...1:30 p.m.

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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

*Walter Paulson*

Licensed Embalmer No. *4114*

P. O. Address. *1936 SA Lane Ave*

**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.