

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32212

State File No. 8335

#104363

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION. St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 1 - 310 ESPENSCHIED	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
CHARLES STANGE			Sept. 26th, 1949		

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 21, 1889	9. AGE (In years last birthday) 60	10. MONTHS 1	11. DAYS 5	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME EUGENE STANGE	13b. MOTHER'S MAIDEN NAME ALICE	14. NAME OF HUSBAND OR WIFE ADELE STANGE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Adele Stange, 227 ADELIA	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Adenocarcinomatosis, primary lesion undetermined		INTERVAL BETWEEN ONSET AND DEATH 7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 502
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? + 1949
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22. I hereby certify that I attended the deceased from 9/9/49, 19, to 9/26/49, 19, that I last saw the deceased alive on 9/26/49, and that death occurred at 2:05A m., from the causes and on the date stated above.

23a. SIGNATURE C. McGee M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 9/26/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-28-49	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE	24d. LOCATION (City, town, or county) (State) LEMAK 23, MO
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DATE REC'D BY LOCAL HEALTH DEPT. SEP 28 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE FENDLER UND. Co.	ADDRESS 7420 MICHIGAN
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. *V E Morris*

P. O. Address..... *3360*

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.