

FILED NOV 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 88957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3941

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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 month	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 17 - 4106 Flora Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Louis c. (Last) Lange		4. DATE OF DEATH (Month) (Day) (Year) 11/17/49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1866
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Pres. Loy Lange Box Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Berthold Lange	
13b. MOTHER'S MAIDEN NAME Jeannette Vogel		14. NAME OF HUSBAND OR WIFE Ottilie	
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 Raymond Lange		ADDRESS 49 Rye Lane Olivette, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease - Decompression</u> INTERVAL BETWEEN ONSET AND DEATH 3 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 94a			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>June 24, 1949</u> , to <u>Nov. 16, 1949</u> , that I last saw the deceased alive on <u>Nov. 16, 1949</u> , and that death occurred at <u>12:45 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Barnett L. Tansig</u> (Degree or title) PA		23b. ADDRESS 4500 Olive St.	
23c. DATE SIGNED Nov. 18, 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/19/49	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 18 1949 <u>J. B. Basater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldeler 3634 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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

Mar 7 1919

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 Delis J. Kriskin

Licensed Embalmer No. 3497

P. O. Address 3634 Gravais

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.