

No. 300
10-48

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14999

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>3063</u>	Registrar's No. <u>1037</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u> <u>4002</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>4138</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton, Mo.</u>		c. LENGTH OF STAY (In this place) <u>0 + 3</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>	
3. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital D.O.</u>		d. STREET ADDRESS (If rural, give location) <u>2427 McLaren</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Warner</u> b. (Middle) <u>D.</u> c. (Last) <u>Lange</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 7, 1927</u>	9. AGE (In years last birthday) <u>24</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mfg. Plant</u>	11. BIRTHPLACE (State or foreign country) <u>Waterloo, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Lange</u>		
13b. MOTHER'S MAIDEN NAME <u>Margaret Faherty</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Eva Loeta Lange</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>2nd, W.W.</u>		16. SOCIAL SECURITY NO. <u>497-20-3114</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Loeta Lange, 2427 McLaren Avenue</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation from drowning, when he fell from a rowboat he was riding in at Spanish Lake</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Spanish Lake St. Louis Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/17/52 7:15A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drowned when row-boat overturned.</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Arnold J. Willman</u>		23b. ADDRESS <u>3 Clayton, Mo.</u>		23c. DATE SIGNED <u>4/18/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-21-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-18-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son Inc.</u>
		ADDRESS <u>2161 E. Fair Ave.</u>		

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

SW (Licensed Embalmer's Statement on Reverse Side)

MAY 1-5 1968

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.....

Homer W. Fritz

Licensed Embalmer No. *3882*

P. O. Address *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.