

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22268

State File No.

6.300
6.48

JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5911

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>60</u>		d. STREET ADDRESS (If rural, give location) <u>3659 Dover Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3659 Dover Place</u>		e. STREET ADDRESS (If rural, give location) <u>3659 Dover Place</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>-</u> c. (Last) <u>Lange</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 1, 1866</u>	9. AGE (In years last birthday) <u>85</u>	10. MONTHS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>SA</u>		13a. FATHER'S NAME <u>Gustave Tirmenstein</u>		13b. MOTHER'S MAIDEN NAME <u>?</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry E. Lange</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO -</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. & Mrs. A.C. Grosse</u>		17. ADDRESS <u>3659 Dover Place</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Instantaneous</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Instantaneous</u>		19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Osteomalacia</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4201</u>	

22. I hereby certify that I attended the deceased from Jan. 18, 1945, to June 23, 1952, that I last saw the deceased alive on June 23, 1952, and that death occurred at 5 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. M. Peters</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4145 a S. Grand Blvd.</u>		23c. DATE SIGNED <u>6/24/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>4209 Bates St., St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith</u>		25. ADDRESS <u>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</u>	

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

NOV 19 1957

Dr. A. W. Peters,
4145 A S. Grand
Phone - Lockhart 7733

*Hours 2-4
See him about 2:30*

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

Max L. Wapfel

Licensed Embalmer No.

4170

P. O. Address

1926 St Louis 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.