

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

260
State File No. **37191**

DECEASED **Oct 29 1952**

BIRTH, NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2689**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BERKLEY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BERKLEY	
c. LENGTH OF STAY (in this place) 40 YRS		d. STREET ADDRESS (If rural, give location) 5708 COUNTRY DAY LANE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5708 COUNTRY DAY LANE		e. STREET ADDRESS 5708 COUNTRY DAY LANE	

3. NAME OF DECEASED (Type or Print) a. (First) AUGUSTA b. (Middle) LANGE c. (Last) FUNCK			4. DATE OF DEATH OCT. 17, 1952 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 30- 1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Month Days IF UNDER 1 YEAR Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ferdinand Lange		13b. MOTHER'S MAIDEN NAME Doris Deickermann		14. NAME OF HUSBAND OR WIFE George W. Funck	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs G. Brandt Leitch ADDRESS 5720 Country Day Lane	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis		DUE TO (b) _____		15 yrs.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis				15 yrs.
				2 yrs.

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)
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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?
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22. I hereby certify that I attended the deceased from **July, 1940**, to **October, 1952**, that I last saw the deceased alive on **14 October 1952**, and that death occurred at **10:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Raymond F. Hildner, M.D. (Print or Title)	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 17 Oct 52
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24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE Oct 20/52	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri
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DATE REC'D BY LOCAL REG. 10-18-52	REGISTRAR'S SIGNATURE Herbert R. Donker, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons ADDRESS 7233 Delmar Blvd.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address St. Louis, Mo.

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.