

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

REC APR 3 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 817

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hts.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>	
c. LENGTH OF STAY (If this place) <u>24 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #8, Box #935</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHANNA</u> b. (Middle) <u>M.</u> c. (Last) <u>LANGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 15, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 9, 1892</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR: Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Ingenbohs</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Fehleman</u>		14. NAME OF HUSBAND OR WIFE <u>William</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>497-16-2492</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernadine Rathgeber</u> ADDRESS <u>122 E. Davis St. Louis</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			?
		DUE TO (b) <u>Arterio Sclerosis</u>			?
		DUE TO (c) <u>Nephros Sclerosis</u>			?
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 <u>442X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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?	

22. I hereby certify that I attended the deceased from 2-19, 1953 to 3-15, 1953 that I last saw the deceased alive on 3-14, 1953 and that death occurred at 5:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Lee Shrader M.D.</u> (Degree or title)		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>3/16/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>McKenzie &amp; Watson Roads</u>	

DATE REC'D BY LOCAL REG. <u>3-16-53</u>		REGISTRAR'S SIGNATURE <u>Herkert R. Dumb M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. &amp; L. Co.</u> ADDRESS <u>7814 So. Broadway St. Louis, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

*Levin C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.