

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22979

State File No. **5426**
Registrar's No. **5426**

FILED JUN 20 1953

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PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5426	
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, Mo.		c. LENGTH OF STAY (In this place) 68 yrs		c. CITY OR TOWN St. Louis		d. In residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital				e. STREET ADDRESS (If rural, give location) 3521 Kingsland Court 2590			
3. NAME OF DECEASED (Type or Print)		a. (First) FLORA		b. (Middle) AMANDA		c. (Last) LANGE	
4. DATE OF DEATH		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH Oct. 14, 1884		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hat decorator		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME CHRISTIAN LANGE		13b. MOTHER'S MAIDEN NAME ANNA ESTEL		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME EDWIN LANGE ADDRESS 3521 Kingsland Ct.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UMetastases of Intestines DUE TO (c) Carcinoma of Rectum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 6 mos.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Rectum removed about one year ago Barnes Hospital				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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? 154X				22. I hereby certify that I attended the deceased from May 11, 1953 , to May 28, 1953 , that I last saw the deceased alive on May 28, 1953 , and that death occurred at 1:00 P.m. , from the causes and on the date stated above.	
23a. SIGNATURE A. H. Carter (Degree or title) M.D.		23b. ADDRESS 4145 a S. Grand Blvd.		23c. DATE SIGNED 5/29/53		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE June 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Oar Redeemer Cemetary		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H.Inc. ADDRESS 1936 St. Louis Ave.	
DATE REC'D BY LOCAL REG. JUN 1 1953		REGISTRAR'S SIGNATURE Carl Smith		(Licensed Embalmer's Statement on Reverse Side)			

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

DR. A. W. PETERS

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 [Signature], Student Embalmer No. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delis J. Kiepin

Licensed Embalmer No. 349

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.