

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44326**  
Registrar's No. **11825**

FILED JAN 12 1954

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11825</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Ferdinand TWP 5</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				e. STREET-ADDRESS (If rural, give location) <b>Sink Rd., R#1 Box 509</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b> b. (Middle) <b>AUGUST</b> c. (Last) <b>LANGE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-14-53</b>						
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>October 3rd, 1909</b>			
9. AGE (In years last birthday) <b>44</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>Edward Lange</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa Schnatzmeyer</b>		14. NAME OF HUSBAND OR WIFE <b>Wilma Lange</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-38-0793</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wilma Lange, R#1 Box 509, Florissant, Mo.</b> ADDRESS _____					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RENAL FAILURE</b>				DUE TO (b) <b>LARGE BOWEL OBSTRUCTION</b>				<b>3 DAYS</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>SEMINOMA OF THE TESTIS</b>				<b>7 DAYS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>5 YEARS</b>	
19a. DATE OF OPERATION <b>12-9-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>LARGE BOWEL OBSTRUCTION and GANGRENE OF LARGE BOWEL</b>				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? <b>178X</b>					
22. I hereby certify that I attended the deceased from <b>12-9</b> , 1953, to <b>12-14</b> , 1953, that I last saw the deceased alive on <b>12-14</b> , 1953, and that death occurred at <b>7:25 a. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>C. F. Vermillion M.D.</b> (Degree or title) _____				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>12-14-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>12/17/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem Ev. Lutheran Cemetery St. Louis Co., Mo.</b>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <b>DEC 15 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Diedrich Funeral Home, 8319 Hallsferry</b> ADDRESS _____					

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

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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.....  
Signature of Student Embalmer

Signed *J. Wm. Dinkley*.....  
Licensed Embalmer No. *8653*.....  
P. O. Address *M. Lewis & Co.*.....

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.