

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3003**
Registrar's No. **0294**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **St. Louis Mo**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis Mo**

c. CITY OR TOWN **St. Louis Mo**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital**

e. STREET ADDRESS (If rural, give location) **3820 Cottage**

3. NAME OF DECEASED (Type or Print)
a. (First) **Margaret** b. (Middle) _____ c. (Last) **Lange**

4. DATE OF DEATH (Month) (Day) (Year)
1 10 54

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept. 10th, 1874**

9. AGE (In years last birthday) **79**
if UNDER 1 YEAR Months Days if UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework**

10b. KIND OF BUSINESS OR INDUSTRY **Own Home**

11. BIRTHPLACE (City and State or Foreign Country) **St. Charles, Missouri 6**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **James Samuels**

13b. MOTHER'S MAIDEN NAME **Anne (Unknown)**

14. NAME OF HUSBAND OR WIFE **Wm. H. Lange**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
William H. Lange, 3820 Cottage Avenue, 13

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Atherosclerotic Heart Disease**
ANTECEDENT CAUSES DUE TO (b) **Generalized Atherosclerosis**
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
years
years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **42.00**

22. I hereby certify that I attended the deceased from **1/3**, 19 **52** to **1/10**, 19 **54**, that I last saw the deceased alive on **1/10**, 19 **54** and that death occurred at **5:50 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George Eiker M.D.**

23b. ADDRESS **5600 Arsenal St**

23c. DATE SIGNED **1/10/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **1/13/54**

24c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **JAN 12 1954** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.**

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.....
Signature of Student Embalmer

Signed *John A. Minor*.....

Licensed Embalmer No...*41*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.