

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29046

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7548**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Ferdinand TWP	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) Douglas Rd., R#2 Box 506	

3. NAME OF DECEASED (Type or Print)	a. (First) ORVILLE	b. (Middle) CHARLES	c. (Last) LANGE	4. DATE OF DEATH (Month) (Day) (Year) August 15th, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 14th 1919	9. AGE (In years last birthday) 34	10. MONTHS	11. DAYS	12. HOURS & MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building Trades	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward Lange	13b. MOTHER'S MAIDEN NAME Rosa Schnatzmeyer	14. NAME OF HUSBAND OR WIFE Frieda Lange
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II	16. SOCIAL SECURITY NO. 498-12-1894	17. INFORMANT'S SIGNATURE OR NAME Frieda Lange	ADDRESS R#2 Box 506, Florissant, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	<i>Traumatic rupture of Spleen, Liver, & Diaphragm; crushing injury of chest, fractured ribs; sufficed when car operated & deceased went out of control in attempt to avoid falling tree on highway near Perry Road, St. Louis City about 248 AM. 8-15-54</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Blunt chest, an 11th rib</i>	AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis County Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 15-54 2:45 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 400
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Patrick J. Taylor Cassard</i>	(Degree or title) 1300 Clerk	23b. ADDRESS	23c. DATE SIGNED 8/16/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE August 18 1954	24c. NAME OF CEMETERY OR CREMATORY Salem Ev. Lutheran Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. AUG 16 1954	REGISTRAR'S SIGNATURE <i>J. Carl Smith, m.d.</i>	25. FUNERAL DIRECTOR'S SIGNATURE DIEDRICH FUNERAL HOME	ADDRESS 8319 Hallsferry
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S.P. (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.....
Signature of Student Embalmer

Signed *J Wm Benkler*.....

Licensed Embalmer No. *36*

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.