

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

318

REG. DIST. NO. 1003

State File No. **32191**
Registrar's No. **8198**

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY _____ c. CITY OR TOWN ST. LOUIS d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (in this place) 79 YRS.		d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 5018 PARKER			
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTIAN		b. (Middle) R		c. (Last) LANGE		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 3 1956	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 18, 1877	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED POLICEMAN		10b. KIND OF BUSINESS OR INDUSTRY POLICE DEPT.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LOUIS LANGE		13b. MOTHER'S MAIDEN NAME MARY WILKE		14. NAME OF HUSBAND OR WIFE MRS. PHILOMENA M. LANGE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 693-24-9709		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. PHILOMENA LANGE, 5018 PARKER			
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) Fracture of Left Hip. ANTECEDENT CAUSES Generalized Arteriosclerosis; Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis; suffered in fall II. OTHER SIGNIFICANT CONDITIONS in basement of South on Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION May 18 1956.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Acute		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 18 56 ?		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? FD E9040			
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 4:45 P. m., from the causes and on the date stated above.							
23a. SIGNATURE James M. Keely (Degree or title) Deputy Surgeon				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/5/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-6-56		24c. NAME OF CEMETERY OR CREMATORY CONCORDIA CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	
DATE REC'D BY LOCAL REG. SEP 5 1956		REGISTRAR'S SIGNATURE Carl Smith mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE.			

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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 Delia J. Krupar

Licensed Embalmer No. 349

P. O. Address St. Paul

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.