

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032636

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

8527

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB.

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED SEP 10 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **6301 Emma Avenue** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **6301 Emma Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **RAYMOND E. LANGE** 4. DATE OF DEATH Month Day Year **Sept. 2, 1962**

5. SEX **male** 6. COLOR OR RACE **white m.** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11/13/1891** 9. AGE (last birthday) **70** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Com. Artist** 10b. KIND OF BUSINESS OR INDUSTRY **Gen. Engrav.** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Louis Lange** 13b. MOTHER'S MAIDEN NAME **Minnie Baekstigel** 14. NAME OF HUSBAND OR WIFE **Mary Lange**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, **no** or unknown) (If yes, give dates of service) **none** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address **Mrs. Mary Lange 6301 Emma Avenue**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **ARTERIOSCLEROTIC HEART DISEASE** INTERVAL BETWEEN ONSET AND DEATH **84 years**
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **420.0H**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **MULTIPLE MYELOMA** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **NOV. 24, 1942** to **SEPT 1 1962** and last saw her/him alive on **SEPT 1 1962**
 Death occurred at **12:55 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Henry Cooper MD** 22b. ADDRESS **515 Olive St.** 22c. DATE SIGNED **9/4/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **9/5/62** 23c. NAME OF CEMETERY OR CREMATORY **Valhalla Cem.** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR **Stygar** ADDRESS **5541 Riverview** 25. DATE RECD. BY LOCAL REG. **SEP 4 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

VS 300 Rev. 4/59

1

2 **20**

3

4 **0**

5 **1**

6

7 **0**

8 **2**

9

10

11

12 **90-0**

13

90

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *JM Rusten*

Licensed Embalmer No. 3980

P. O. Address St. Louis, MO

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.