

No. 2  
-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32471

State File No. ....

8535

REG. DIST. 28 318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4134a Maffitt Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 000  
17

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
9 11

(d) Street No..... 4134 Maffitt Ave.  
(If rural, give location)

(e) Citizen of foreign country?.....  
(Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME George Claus Stange

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male  0 5. Color or race White  0

6. (a) Single, widowed, married, divorced Single  0

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Dec. 25 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	17	hr. min.

9. Birthplace..... Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Cement Contractor

11. Industry or business.....

12. Name..... Henry Stange

13. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

14. Maiden name..... Hannah Seel

15. Birthplace..... Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Annie Haberberger

(b) Address..... 4134a Maffitt Ave.

17. (a) Burial (b) Date thereof. 10-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Peters Cem.

18. (a) Signature of funeral director..... Drehmann-Harral

(b) Address..... 1905 Union Blvd.

19. (a) OCT 14 1942 (b) J. F. Biedeck  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12  
year 1942 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from 1-10-42  
..... 19..... to 10-12-42 19.....  
that I last saw him alive on 10-7-42 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic endocarditis

Due to..... general arteriosclerosis

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?.....  
(Specify type of place) (e). Means of injury

23. Signature..... H. Klein (M. D. or other) M. D.

Address..... 5074 N. Union Date signed 10-14-42

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

844 (Licensed Embalmer's Statement on Reverse Side)

5047 William Blvd, m...  
9-12 C. W. Spaff Johnson

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed: Albert R. Thompson Jr.  
Licensed Embalmer No. 4237  
P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**