

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22605**

**FILED** AUG 11 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6795**

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

**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:  
**St Louis Children Hosp.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **30 days**  
(Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Mo** (b) County..... **St Louis 96**  
 (c) City or town..... **Le May Mo.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **227 Adelia Ave**  
(If rural, give location)  
 (e) Citizen of foreign country?..... **NR**  
(Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **STANGE, I LA JEAN**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (g) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... **1933** years

7. Birth date of deceased..... **July 27 1933**  
(Month) (Day) (Year)

8. AGE: Years **12** Months **0** Days **5** If less than one day  
 hr. min.

9. Birthplace..... **St Louis Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **School Girl**

11. Industry or business.....

12. Name..... **Charles Stange**

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

14. Maiden name..... **Adel Budde**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant..... **Adel Stange**

(b) Address..... **227 Adelia Ave**

17. (a) (b) Date thereof..... **8.4/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt Hope Cem**

18. (a) Signature of funeral director..... **FENDLER UND CO**

(b) Address..... **7420 Michigan Ave**

19. (a) **AUG 1 1945** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **8** day **1**  
 year **45** hour **2** minute **47** AM.

21. I hereby certify that I attended the deceased from **7** - **14**, 19 **45** to **8 - 1**, 19 **45**;  
 that I last saw h. e. a. alive on **8 - 1**, 19 **45**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Hypertensive Cardio-vascular disease**  
 Duration **4-5 yr.**

Due to.....

Due to.....

Other conditions..... **93**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

**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?  
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... **Gilbert B. Forbes** (M. D. or other)  
 Address..... **St. L. Childrens Hosp.** Date signed **8/1/45**

**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 Virgil L. Perryman  
Licensed Embalmer No. 4018  
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 this body is not embalmed, fact should be so stated above.**