

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space **3194**  
**3417**  
~~2046~~  
 File No. \_\_\_\_\_  
 Registered No. **915**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City **St. Louis, Mo.** (No. **1916 La Salle**)

**2. FULL NAME**

**Grover Cleveland, Lange**  
 (a) Residence No. **1112 Armstrong,** St. **22** Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred **15** yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Divorced</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Marie Lange</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>May 11, - 1892</b>		
7. AGE	YEARS	MONTHS
	<b>37</b>	<b>8</b>
		DAY
		<b>15</b>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <b>Laborer</b>		
(b) General nature of industry, business, or establishment in which employed (or employer) <b>Carpenter</b>		
(c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) **Ste. Genevieve**  
 (STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Frederick Lange**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) **Unknown**

12. MAIDEN NAME OF MOTHER **Alley Benham**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ste Genevieve**  
 (STATE OR COUNTRY) **Mo.**

14. INFORMANT **Ray Richardson**  
 (Address) **240 E. 14th St**

15. FILED **May 11 1930**  
 REGISTRAR **May C. Starker**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 26 1930**

17. **No Physician in Attendance.**  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 19\_\_\_\_, m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chronic Myocarditis**  
**9/20** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) **900** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) **John Henry** M. D.  
**1/28, 1930** Address **360 E. 14th St**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bennet Ave, Mo** DATE OF BURIAL **1-29-1930**

20. UNDERTAKER **Pete Benham** ADDRESS **Bennet Ave, Mo**

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

