

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

Do not use this space.

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1. PLACE OF DEATH

County _____ Registration District No. 781
 Township _____ Primary Registration District No. 1003
 City St. Louis (No. Missouri) Baptist Sanitarium St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Alice Grange
 (a) Residence. No. 3115 Norwood Ave St. 6 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John J. Grange</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 13 1886</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>2</u>	DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930
 17. I, HEREBY CERTIFY, That I attended deceased from April 29, 1930 to June 6, 1930
 that I last saw her alive on June 6, 1930, and that death occurred, on the date stated above, at 10:30 A.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leukemia of liver
124B about yrs. 6 mos. ds.
 (duration)

CONTRIBUTORY (SECONDARY) 122B1
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John A. Kouzelman, M. D.
6/9/30, 19 (Address) 6122 Page Ave.

9. BIRTHPLACE (CITY OR TOWN) Brooklyn N.Y.
 (STATE OR COUNTRY)
 PARENTS
 10. NAME OF FATHER William Spradley
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Ann Nichols
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England
 (STATE OR COUNTRY)
 14. INFORMANT John J. Grange
 (Address) 3115 Norwood Ave
 15. FILED 1930 REGISTRAR W. C. H. H. H.

*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 Calvary Cemetery DATE OF BURIAL June 10 1930
 20. UNDERTAKER Chas. L. Seraphy & Son ADDRESS 4259 Lindell

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.

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