

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35523**
Registrar's No. **8635**

Registration District No. **318** Primary Registration District No. **1003**

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 City Hospital *0*
(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 **Missouri** (b) County..... *080*
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") *117*
(d) Street No. **7204 S. Broadway**
(If rural, give location) *9*
(e) Citizen of foreign country? **no** (Yes or No) *10*
If yes, name country.....

3. (a) PRINT FULL NAME **George O. Range**
3. (b) If veteran, name war **World War #1&2** 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **7**
year **1946** hour..... minute **30** a.m.
21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex **male** *0* 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife.....
Joanna Range 6. (c) Age of husband or wife if
alive **56** years
7. Birth date of deceased **June 30 1882**
(Month) (Day) (Year)

Immediate cause of death **Fracture of skull
Laceration of brain suffered when
deceased fell to the sidewalk
in front of 7206 S. Broadway on
Oct. 6, 1946 at about 8:45 P.M.**
Duration.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
64 3 7
..... hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **retired war veteran**

11. Industry or business **U.S. Army**

12. Name **Karl Range**

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

14. Maiden name **unknown** **unknown**

15. Birthplace..... **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joanna Range**

(b) Address **7205 S. Broadway**

17. (a) **burial** (b) Date thereof **Oct. 10/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Fendler Und. Co.**

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

19. (a) **OCT 8 1946** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Oct 6 1946**
(c) Where did injury occur? **St. Louis Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public sidewalk
While at work?..... (Specify type of place)
(2) Means of injury **above**
23. Signature **Walter Perry** (M. D. or other) *3*
Address **W. Perry** Date signed **10/10/46**

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.....

Oliver E. Lendler

Licensed Embalmer No..... *448*

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.