

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

Registration District No. **318**Primary Registration District No. **1003****7658**

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:
4307 Gano 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

3. (a) PRINT
FULL NAMEJohn P. Bange

3. (b) If veteran,

name war None

3. (c) Social Security No.

714-10-9088

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecelia Bange
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 29. 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 1 hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business _____

12. Name Joseph Bange

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

14. Maiden name Louise Adler,

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

16. (a) Informant Cecelia Bange

(b) Address 4307 Gano Ave.

17. (a) Burial (b) Date thereof 9/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117mE. Grand Ave.

19. (a) AUG 31 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howe
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4307 Gano Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1948 hour 8 minute 55 A. M.

21. I hereby certify that I attended the deceased from Jan 27
1948, 19 Aug 30, 19 48
that I last saw him alive on Aug 28, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Upper
(Carcinoma) of sigmoid
Due to _____

Due to _____
Other conditions Hb 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)
(c) Means of injury _____

23. Signature W. H. Jost (M. D. or other) M. D.
Address 3807 N. Grand Date signed 8/30/48

(Licensed Embalmer's Statement on Reverse Side)

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

[Handwritten signature]

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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand.*

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.