

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25514**
Registrar's No. **1909**

FILED AUG 15 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 1909		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis				
b. CITY OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 30 years		c. CITY OR TOWN Richmond Heights		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 7584 Warner Avenue.				e. STREET ADDRESS (If rural, give location) 7584 Warner Avenue.				
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTOPHER L. b. (Middle) STANGE c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 8, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 29, 1879		
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jewelry Manufacturing			10b. KIND OF BUSINESS OR INDUSTRY Stange Mfg Co.		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christopher L. Stange			13b. MOTHER'S MAIDEN NAME Wilhemina (unk)			14. NAME OF HUSBAND OR WIFE Florence L. Stange		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-38-6265		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence L. Stange, 7584 Warner Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS arteriosclerotic heart disease Diabetes mel. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 18 months 87 59	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 162x					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from March 1954 , to Aug. 8, 1956 , that I last saw the deceased alive on July 8, 1956 , and that death occurred at 9:30 P m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) H. K. Roberts M.D.				23b. ADDRESS 1105 Central Clayton Ave		23c. DATE SIGNED Aug. 9, 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 10, 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. 8-9-56		REGISTRAR'S SIGNATURE Herbert R. Dowling		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Avenue				

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

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed, *E. Louis P. Padwick*

Licensed Embalmer No. *4-0-7*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**