

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034615
STATE FILE NUMBER
8825

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4722 Tamm Ave.		d. STREET ADDRESS (If outside, give location) 4722 Tamm Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last LEO H. RANGE		4. DATE OF DEATH Month Day Year Sep. 10 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 17, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photo Engraver-Post Dispatch		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Leo C. Range		13b. MOTHER'S MAIDEN NAME Catherine Efken	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 494-03-5041	
17. INFORMANT Mary E. Range		Address 4722 Tamm Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>General Cachexia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Carcinoma of the stomach</i> DUE TO (c) <i>Brachygenic Carcinoma</i>			INTERVAL BETWEEN ONSET AND DEATH <i>162 1/2</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at <i>July 15 1958</i> to <i>Sept 10 1958</i> and last saw him alive on <i>Sept 10 1958</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <i>4768 S. Delmar Blvd</i>	
22c. DATE SIGNED <i>9/17/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sep. 13, 1958	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. SEP 1 2 '58	
		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Richard W. Storrans*

Licensed Embalmer No. *4007*

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