

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.

REC'D SEP 30 1939

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

Do not use this space.

32734

1. PLACE OF DEATH Jefferson 3  
50 County Jefferson Registration District No. 475  
Township Southmead Primary Registration District No. 5080  
City (No. ....) St. .... Ward)  
2. FULL NAME MRS ANNA RANGE  
(a) Residence, No. 2809 S SIDNEY St. .... Ward. St. Louis Mo.  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Range  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3. 1878  
7. AGE YEARS 61 MONTHS 4 DAYS 18 IF LESS than 1 day, .... hrs. or .... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Cornelius Zeller  
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Ida Range (ADDRESS) 809 A Sidney St.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE Sept 21 1939

19. UNDERTAKER MRS. KUTIS (ADDRESS) 2906 Gravois Ave.

20. FILED Sept 29 1939 J. A. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1939  
22. I HEREBY CERTIFY, That I attended deceased from By Inquest duties Sept 17 1939  
I last saw him alive on ....., 19... Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:

Killed in auto accident Date of onset  
when car in which deceased  
was a passenger, turned  
over several times.  
Both limbs fractured and  
internal injuries.

Other contributory causes of importance:  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury Sept 17 1939  
Where did injury occur? Near Mouse Mill Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
in public place  
Manner of injury auto accident  
Nature of injury fracture of legs, internal injuries

24. Was disease or injury in any way related to occupation of deceased? NO.  
If so, specify Frank Frozier, Coover, M. D.  
(Signed) Frozier, Coover, M. D.  
(Address) Festus, Mo.

11111

I hereby Certify that I  
Embalmed remains of  
Mrs. A. Range

Wm. H. Brunner  
License # 1470  
Home Springs Mo