

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13060**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2835**

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 (If outside corporate limits, write RURAL and give town) OR TOWN Oakville		c. CITY OR TOWN Oakville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 10 yrs.		e. STREET ADDRESS (If rural, give location) Box 418 Rt. 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION Box 418 Rt. 9 Mehlville					

3. NAME OF DECEASED (Type or Print) ADELINE AUGUSTA RANGE			4. DATE OF DEATH 12-5-1955		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10-16-1886		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home			

13a. FATHER'S NAME Emil Sebenmann		13b. MOTHER'S MAIDEN NAME Augusta Maw		14. NAME OF HUSBAND OR WIFE Harry M. Range	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harry M. Range	
				ADDRESS Oakville Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		DUPLICATE		DUPLICATE	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE		DUPLICATE	
DUPLICATE		DUPLICATE		DUPLICATE	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 260X YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **June 19, 1955**, to **Dec 6, 1955**, that I last saw the deceased alive on **Dec 5, 1955**, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Kelley MD		(Degree or title) (b) 23b. ADDRESS 9915 Gravois Rd		23c. DATE SIGNED Dec 6/55	
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 12-9-1955		24c. NAME OF CEMETERY OR CREMATORY St. Peter and Paul's	
				24d. LOCATION (City, town, or county) (State) 7030 Gravois Ave Mo	

DATE REC'D BY LOCAL REG. 12-6-55		REGISTRAR'S SIGNATURE Hebert R. Dombert		5. FUNERAL DIRECTOR'S SIGNATURE Walter Kelley	
				ADDRESS Box 6409 Gravois Ave	

Licensed Embroider's Statement on Reverse Side

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 *John M. Sweeney*

Licensed Embalmer No. 4

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
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.