28 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 8 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 44721

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2308

**1. PLACE OF DEATH:**

(a) County Saint Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 5-26-39 (Specify whether years, months or days) In this community Unknown

**2. USUAL RESIDENCE OF DECEASED:** 1

(a) State Missouri (b) County -

(c) City or town Saint Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3130 Delmar (If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Charles W. RATLIFF 341

3. (b) If veteran, name war World

3. (c) Social Security No. -

4. Sex Male

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive - 31 years

7. Birth date of deceased September 3, 1893 (Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 23 If less than one day ___ hr. ___ min.

9. Birthplace Pike County, Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Pullman Porter 1

11. Industry or business 1

FATHER
12. Name Zaid Ratliff
13. Birthplace Pike County, Mississippi (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Rachel McAllister
15. Birthplace Ia. or Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clinical Clerk, VAF.,

(b) Address Jefferson Barracks, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/39 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) DEC 28 1939 (Date received local registrar) (b) [signature] (Registrar's signature) 707

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 26 year 1939 hour 2 minute 25 P M.

21. I hereby certify that I attended the deceased from May 26 1939, 19__, to December 26, 1939 that I last saw him alive on December 26, 1939; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Syphilitic Heart Disease with cardiac enlargement, aortic insufficiency, myocardial damage ~~Due to~~ and myocardial insufficiency. | Unkn. |
| Due to 34 | |
| Other conditions Tertiary syphilis (Include pregnancy within 3 months of death) | Unkn. |

Major findings: Of operations No operation

Of autopsy See cause of death.

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. W. HUGHES, M.D., Chief Med. Officer (M.D. or other) 12-27-39

Address VAF., Jeff. Bks., Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side) R.W.S.

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

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.

Rev. 5-17-39 1 X19511

## 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. S. J. Watson

Licensed Embalmer No. 269 A

P. O. Address 2769 Chouteau

**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, above space should be left blank.**