

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 23802
Registrar's No. 6144

Registration District No. 791
Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Dr. Paul Hosp
(d) Length of stay: 0 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Ann Rankin
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex Female 5. Color or race WA
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased July 26 - 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - 1 7 hr. min.

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Samuel L Rankin

13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name Edna Lindolt

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel L Rankin

(b) Address 3437 Clover

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-41
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Chas. Steward

(b) Address 1225 - 1/2 Union Blvd

19. (a) J. Bubek (b) J. Bubek
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5437 Clover
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27
year 1941 hour 3 minute 15 P M.
21. I hereby certify that I attended the deceased from July 27 to July 27 1941
that I last saw her alive on July 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Malformation of heart
Due to

Due to MO
Other conditions 157
(Include pregnancy within 3 months of death)

Major findings: 157
Of operations

Of another Congenital malformation of heart

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature L. M. Riordan (M. D. or other) D
Address State Bldg Date signed 7/29/41

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

MOTHER FATHER

JUL 28 1941

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.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.