S. No. 2
M—5-43
5-17-39
I X3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36819

State File No.

FILED NOV 18 1943

Registration District No. 318

Primary Registration District No.

Registrar's No. 9671

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2242a Mullanphy Str /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks. (Specify whether
In this community 70 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2507 University Str.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John J. Ralph

3. (b) If veteran, name war None

3. (c) Social Security No. 488-10-5428

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ada Ralph

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

7. Birth date of deceased Oct. 6. 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Springfield, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Domonic Ralph
13. Birthplace Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angeline Prader
15. Birthplace Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Ralph
(b) Address 2242a Mullanphy Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/43
(Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) NOV 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2
year 1943 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 3, 1943, to Nov. 2, 1943
that I last saw him alive on Nov. 1, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 days
Due to Chronic Nephritis & Hypertension - left side hemiplegia	6 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [signature] (M. D. or other) M.D.

Address 820 University Date signed 11/3/43

(Licensed Embalmer's Statement on Reverse Side)

W Gundlach.
224 University

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.