

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED AUG 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25743

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1606

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ballwin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pine Crest Homes
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4367 Chouteau
 (If rural, give location) 9
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nancy C. Rankin
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 26th
 year 1944 hour 18:20 minute P M.
 21. I hereby certify that I attended the deceased from July 13
 1944 to July 26 1944
 that I last saw her alive on July 25th 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 4 1868
 (Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
 Due to _____
 Due to _____
 Other conditions Arterio-Sclerosis
 (Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 0 Days 22
 If less than one day _____ hr. _____ min.

9. Birthplace Perry County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

PHYSICIAN
 Major findings:
 Of operations 930
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Alfred Akes
 13. Birthplace Perry County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Steel
 15. Birthplace Perry County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Edith Martin
 (b) Address 1805 N. Grand
 17. (a) Burial (b) Date thereof 7-30-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's Missouri

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 _____

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) JUL 31 1944 (b) E. D. McCaran, M.D.
 (Date received local registrar) (Registrar's signature)

23. Signature R. J. Jansen (M. D. or other) _____
 Address Manchester Mo Date signed 7/26/44

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

96
 0
 0

AUG 18 1944

AUG 28 1953

3081

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 *Albert G. Hoffer*.....

Licensed Embalmer No. *2971*.....

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.