

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9081

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 64 years
(Specify whether years, months or days)
In this community _____

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. 5039a Chippewa
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie F. Auel

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 9, 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Edward Ranft

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Soretha Graef

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

16. (a) Informant Charles Ranft

(b) Address 5039a Chippewa

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 10/22/45
(Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Southern Funeral Home

18. (a) Signature of funeral director _____ (b) Address 6322 S. Grand Blvd.

19. (a) OCT 21 1945 (Date received local Registrar) J. F. Bredsek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. Day 19th Year 1945 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 10 1945 to Oct. 19 1945 that I last saw him alive on Oct. 19 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heini phlegia - Cerebral Hemorrhage

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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. Joseph D. Ut (M. D. operator) Address 3805 S. Harrison Date signed 2/1/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

182-1452
0
7
9

DR. VITT
3805 S. BROADWAY
8-10 AM, SUNDAY

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..... *Vigil L. Berryman*
Licensed Embalmer No. *4018*
P. O. Address..... *St. Louis, Mo.*

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.