

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED APR 11 1946
Registration District No. **318**

Primary Registration District No. _____

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:
Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME James Rannells

3. (b) If veteran, name war Nil

3. (c) Social Security No. 332-20-8498

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Lulu Rannells

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 28 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Clerk

MOTHER FATHER

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. O. Goldenberger

(b) Address East Carondelet, Ill.

17. (a) Removal (Burial, cremation, or removal) _____ (b) Date thereof 3-31-46
(Month) (Day) (Year)

(c) Place: burial or cremation Dupo, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 2 1946 (Date received local registrar) J. F. Branch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. _____ (If rural, give location) N.R.

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from Mar 4, 1946 to Mar 29, 1946

that I last saw him alive on Mar 29, 1946
and that death occurred on the date and hour stated above

Immediate cause of death Myocardial infarction

Due to _____

Due to _____

Other conditions hypertension
(Include pregnancy during 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work _____ (Specify type of place)

Means of injury _____

23. Signature W. H. Mason (M. D. or other) _____

Address 79 Pine City, Ill. Date signed _____

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..... *Elmo R. Godwell*

..... Licensed Embalmer No. *4077*

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.