

No. 2
-12-45
5-17-39
1 47070

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

7-76 State File No. 282320
Pa 6-125-1780
Registrar's No.

Registration District No. 317 Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Mary's Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Reinhold C. Ranke

3. (b) If veteran, name war ---

3. (c) Social Security No. none

4. Sex M.

5. Color W race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Lina M Ranke

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

7. Birth date of deceased Dec. 1 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>9</u>	<u>21</u>	hr. min.

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

10. Usual occupation Retired Engineer

11. Industry or business -----

MOTHER FATHER

12. Name Frank R. Ranke

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

14. Maiden name Anna Held

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

16. (a) Informant Herbert C. Ranke

(b) Address Creve Coeur, Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 8-24-46
(Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Baumann Bros Inc
2504 Woodson Rd, Overland.

(b) Address

19. (a) 8-27-46
(Date received local registrar)

(b) [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

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

(e) Citizen of foreign country? No
(Yes or No)
If yes, name country W.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21
year 1946 hour 11:39 P. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 17
1946 to Aug 21 1946

that I last saw him alive on Aug 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration _____

Due to Hypertensive pneumonia

Due to 93d

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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)

(c) Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address 7510 Nelson Date signed 8/21/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.