

FILED FEB 3 1947
Registration District No. 318

Primary Registration District No. 1003

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:
1337 Bayard, St. Louis
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1337 Bayard, Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jane Ranken
3. (b) If veteran, name war _____ 3. (c) Social Security No. None
4. Sex Female 5. Color or race Negro
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 Dec 19 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 22 year 1947 hour 2 minute 30 PM
21. I hereby certify that I attended the deceased from January 22 1947 to January 23 1947 that I last saw her alive on January 22 1947 and that death occurred on the date and hour stated above.
Immediate cause of death Uremia
Duration 2 days

8. AGE: Years Months Days If less than one day
66 1 2 hr. min.

Due to Hypertensive Cardio-renal Disease

9. Birthplace Shelburn Ia
(City, town, or county) (State or foreign country)
10. Usual occupation housewife

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

11. Industry or business _____
12. Name Harry Stroder
13. Birthplace Unk. Florida
(City, town, or county) (State or foreign country)
14. Maiden name Bliss
15. Birthplace Unk. Virginia
(City, town, or county) (State or foreign country)

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

16. (a) Informant Charles Ranken
(b) Address 1337 Bayard, Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25 1947
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Ph
18. (a) Signature of funeral director English Und Co
(b) Address 2931 Locust, Ave
19. (a) JAN 25 1947 (Date received local Registrar) (b) J. F. Briceek (Registrar's signature)

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 _____
23. Signature Wason D. Day, MD (Physician or other) Address 1105 A. N. Sarah St. Date signed 1-24-47

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

MOTHER FATHER

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 *Burleson English*.....

Licensed Embalmer No. *4208*.....

P. O. Address. *2931 Lucas, ave*.....

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.