

No. 308  
-10-47  
-17-39  
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U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24634**

FILED AUG 12 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6723**

**1. PLACE OF DEATH:**

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**  
(Specify whether)

In this community.....  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **gov 17**

(c) City or town **St. Louis** **9**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3837 W Pine** **5**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
**19**  
If yes, name country.....

**3. (a) PRINT FULL NAME** **Willie Rankins**

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

3. (c) Social Security No. ....

4. Sex **Male** **1** 5. Color or race **Colored**

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

6. (b) Name of husband or wife **Not known**

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

7. Birth date of deceased **Feb. 2 1875**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>72</b>	<b>5</b>	<b>3</b>	hr. min.

9. Birthplace **N. C.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unknown**

**11. Industry or business**

12. Name **Bill Rankin**

13. Birthplace **N. C.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Lincoln**

15. Birthplace **N. C.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Rhodes**

(b) Address **2601 N Whittier St.**

17. (a) **Anatomical Board** (b) Date thereof **JUL 31 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or **Anatomical Board**

18. (a) Signature of funeral director **Rowland Mortuary Service**

(b) Address **4104 Manchester Ave. J. B. Besset**

19. (a) **JUL 31 1948** (b) **JUL 31 1948**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **5**  
year **1948** hour **6** minute **8** M.

21. I hereby certify that I attended the deceased from **6-25**, 19 **48**, to **7-5**, 19 **48**  
that I last saw him alive on **July 5**, 19 **48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Probable Carcinoma of Head of Pancreas**

Due to.....

Due to.....

Other conditions **Undetermined**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy: **None**

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)

(b) Means of injury.....

Signature **Orson Daniels** (M. D. or other) **7/6/48**

Address **2601 N. Whittier** Date signed.....

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

MOTHER, FATHER

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**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.....

Licensed Embalmer No.....

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.**