

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39189

9565

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cleveland</u>		P 9 13 6			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnard Nursing home</u>				d. STREET ADDRESS <u>NR</u> (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u> b. (Middle) _____ c. (Last) <u>Ratcliffe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1949</u>						
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 27, 1893</u>			
9. AGE (in years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. U</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>Edward F. Sudholt</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Hovel</u>			14. NAME OF HUSBAND OR WIFE <u>George J. Ratcliffe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred F. Sudholt 4403 Begg B;v;d</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				DUE TO (b) <u>Cachexia</u>				<u>One week</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Carcinoma of Cervix</u>				<u>2 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>none</u>				<u>3 yr</u>	
19a. DATE OF OPERATION <u>none</u>			19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo. Mo. Ill</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>		<u>171X</u>			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1949</u> , to <u>Nov 4, 1949</u> , that I last saw the deceased alive on <u>Nov 4, 1949</u> , and that death occurred at <u>10:50 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>Alfred F. Sudholt</u>				23b. ADDRESS <u>2827 Occochee</u>		23c. DATE SIGNED <u>11/5/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lucas Hunt Rd St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Krowell Co.</u>		ADDRESS <u>2707 N. Grand</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Stanley H. Wilson

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

OM If this body is not embalmed, fact should be so stated above.