

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26245

State File No.

318

1003

Registrar's No. 6677

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.			
1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>					
b. CITY OR TOWN <i>St. Louis Mo.</i>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <i>Carsonville Mo.</i>		400			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5334 Wilson Ave.</i>				d. STREET ADDRESS (If rural, give location) <i>3543 Welsberg St.</i>					
3. NAME OF DECEASED (Type or Print) <i>ANNA M. RANKIN.</i>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <i>July 7, 1952.</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Feb. 10, 1890</i>	
9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>62</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <i>Cookman</i>			13b. MOTHER'S MAIDEN NAME <i>Cookman</i>			13c. NAME OF HUSBAND OR WIFE <i>Milton J.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Milton J. Rankin</i>				ADDRESS <i>3543 Welsberg</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i> ANTECEDENT CAUSES <i>Atherosclerosis</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <i>One week</i> <i>One year or more</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>331X</i>					
22. I hereby certify that I attended the deceased from <i>March 19, 1952</i> , to <i>July 7, 1952</i> , that I last saw the deceased alive on <i>July 6, 1952</i> , and that death occurred at <i>10 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Date or Title) <i>Paul J. McRae, D.C.</i>				23b. ADDRESS <i>4407 S. Kingshighway</i>				23c. DATE SIGNED <i>7/9/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>July 11, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. J. Quinn</i>		ADDRESS <i>1389 Union Blvd.</i>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O Yahanke

Licensed Embalmer No. 3917

P. O. Address. St. Louis

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.