

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29929

State File No.

FILED SEP 8 1952

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8060**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2194	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 5028A Lindenwood	
3. NAME OF DECEASED (Type or Print) Guy L. Ranck, Jr. a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Aug. 24th, 1952 (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8th, 1919
9. AGE (In years last birthday) 33		10. MONTHS 3	11. HOURS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		10b. KIND OF BUSINESS OR INDUSTRY Heating Service	
11. BIRTHPLACE (State or foreign country) Washington, D. C.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Guy L. Ranck, Sr.		13b. MOTHER'S MAIDEN NAME Edythe-Mae Selhauser	
14. NAME OF HUSBAND OR WIFE Elaine C. Esselbruegge		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No.	
16. SOCIAL SECURITY NO. 496-12-7922		17. INFORMANT'S SIGNATURE OR NAME Elaine C. Ranck, 5028A Lindenwood	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intercapillary-Glomerulo-sclerosis Uremia Diabetes Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis	
INTERVAL BETWEEN ONSET AND DEATH 4 yrs. 3 mo.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 260X	
22. I hereby certify that I attended the deceased from Dec 1950 , to Aug 24, 1952 , that I last saw the deceased alive on Aug 4, 1952 , and that death occurred at 2:29 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Morris Clep M.D.		23b. ADDRESS 601 Humboldt Bldg	
23c. DATE SIGNED 8/25/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	
24b. DATE Aug. 27th, 1952		24c. NAME OF CEMETERY OR CREMATORY Dak Grove Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kraeger-Tenwick, Inc.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 25 1952		ADDRESS 3402 N. Kingshighway	

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 346 2. N. Kingsley

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.