

STANDARD CERTIFICATE OF DEATH

State File No. **43742**
 Registrar's No. **11034**

NOV DEC 24 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS Mo**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LUKES HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI**
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS 2129**
 d. STREET ADDRESS (If rural, give location) **19 3854 WASHINGTON**

3. NAME OF DECEASED
 a. (First) **WILLIAM** b. (Middle) **T.** c. (Last) **RALPH**
 4. DATE OF DEATH (Month) (Day) (Year) **Nov 29 1952**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **JAN. 10, 1874** 9. AGE (In years last birthday) **78** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) **RETIRED** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **ILLINOIS 1** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **JAMES RALPH** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **UNKNOWN**

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. **500-09-3473** 17. INFORMANT'S SIGNATURE OR NAME **ROSEBUD DOUGHERTY WEBSTER GRAVES** ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of prostate**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Pyelonephritis - Bilateral**
 DUE TO (c) **Arteriosclerotic heart changes**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **11/25/52** 19b. MAJOR FINDINGS OF OPERATION **Prostatic obstruction. Carcinoma** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **177X**

22. I hereby certify that I attended the deceased from **11/20**, 19**52**, to **11/29**, 19**52**, that I last saw the deceased alive on **11/29**, 19**52**, and that death occurred at **10 P** m., from the causes and on the date stated above.

23a. SIGNATURE **Carl A. Wattenberg, M.D.** (Degree or title) 23b. ADDRESS **3726 Wash Ave** 23c. DATE SIGNED **12/1/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **DEC 1 1952** 24c. NAME OF CEMETERY OR CREMATORY **MEMORIAL PARK** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS Mo**

DATE REC'D BY LOCAL REG. **DEC 1 1952** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Thomas Ruten 2906 Harris** ADDRESS _____

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 C. Hill* _____

Licensed Embalmer No. *4347* _____

P. O. Address *2906 Jarvis* _____

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.