

**STANDARD CERTIFICATE OF DEATH**

3978

State File No. \_\_\_\_\_

FILED JAN 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 20

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>4414 Strodtmann Place</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>CECIL</u> a. (First) _____ b. (Middle) <u>MARIE</u> c. (Last) <u>WRANKIN</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JANUARY 2, 1953</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Unknown 10-16</u>
<b>9. AGE</b> (In years last birthday) <u>ab. 73</u> # MOON 1 YEAR _____ # MOON 1 DAY _____ # MOON 1 HR. _____ # MOON 1 MIN. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Unknown</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housework</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>at home</u>	
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mary Kucsik</u> <b>ADDRESS</b> <u>4311 Strodtmann Place</u>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES <u>H.C.V.D.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>diabetes mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>H.C.V.D. Anemia</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>443X</u>	
<b>22. I hereby certify that I attended the deceased from</b> <u>12-10-51</u> , 19____, to <u>1-2-53</u> , 19____, that I last saw the deceased alive on <u>1-2-53</u> , 19____, and that death occurred at <u>2:35P m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>H. J. Echner M.D.</u> (Degree or title)		<b>23b. ADDRESS</b> <u>1515 Lafayette Avenue</u>	
<b>23c. DATE SIGNED</b> <u>1-2-53</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>		<b>24b. DATE</b> <u>1-5-53</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>JAN 3 1953</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Calvin F. Feutz</u> <b>ADDRESS</b> <u>4828 Natural Bridge Blvd.</u>	

WRITE PLAINLY—USING FADING BLACK INK—MAKE A PERMANENT RECORD

(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 \_\_\_\_\_

*Raymond C. Lindus*

Licensed Embalmer No. \_\_\_\_\_

4275

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.