

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25679

State File No. _____

No. 300
10.48

FILED AUG 11 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 347 Registrar's No. 1823

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> c. LENGTH OF STAY (in this place) <u>2 wks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Brentwood (17)</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>8933 Wrenwood</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) _____ c. (Last) <u>Ranney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1954</u>	
5. SEX F <input checked="" type="checkbox"/> W <input type="checkbox"/>	6. COLOR OR RACE W <input checked="" type="checkbox"/>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 26, 1951</u>
9. AGE (In years last birthday) <u>2yrs</u> If UNDER 1 YEAR Months _____ Days _____ If UNDER 24 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Petersburg, Fla.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
13a. FATHER'S NAME <u>Ralph G. Ranney Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Faye Elliot</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ralph G. Ranney Jr.</u>		ADDRESS <u>8933 Wrenwood (17)</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LYMPHATIC LEUKEMIA</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		_____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>2040</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		_____	
22. I hereby certify that I attended the deceased from <u>July 12, 1954</u> to <u>July 26, 1954</u>, that I last saw the deceased alive on <u>7-25</u>, 19<u>54</u>, and that death occurred at <u>1:30</u> <u>7-26</u> <u>2</u> m., from the causes and on the date stated above.			
23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>634 North Grand</u>	
23c. DATE SIGNED <u>7-26-54</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>July 27, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/26/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>6175 Delmar</u>	

(Licensed Embalmer, Signature on Reverse Side)

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

Dr. J. Davis
504

✓ 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
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *246*

P. O. Address *2150 Da*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.