N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 30810

Registered No. 8069

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH SEP 13 1934

County

Township

City St. Louis (No. St. Paul Hospital St. Ward)

2. FULL NAME Joseph Rankin

(a) Residence, No. 5437 Plover St., 7 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1934

7. AGE: YEARS —; MONTHS —; DAYS 2; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Samuel L. Rankin

14. BIRTHPLACE (CITY OR TOWN) Perry Co. (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Hilda Landolt

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Samuel L. Rankin (ADDRESS) 5437 Plover Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug. 7, 1934

19. UNDERTAKER Chas. H. Stuart (ADDRESS) 1225 Union Blvd.

20. FILED AUG -6 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive atelectasis of the lungs	

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. B. Sutton, M. D.

(Address) St. Paul Hospital