MAY 7 1937

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

(Do not use this space.)

14564

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4060

Township ..... Primary Registration District No. 1003 Registered No. 4060

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

2. FULL NAME Infant Rankin

(a) Residence, No. 9237 Argyle Avenue St., NR Ward. Overland Mo.
(Usual place of abode) (If nonresident, give city of 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	white	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Stillborn			

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) (STATE OR COUNTRY) Saint Louis Missouri

FATHER

13. NAME William E. Rankin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

MOTHER

15. MAIDEN NAME Beatrice Burke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Mo. Missouri

17. INFORMANT (ADDRESS) William E. Rankin 9237 Argyle Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE 4/17/ 37

19. UNDERTAKER (ADDRESS) Thomas J. Furan 15195 Grand

20. FILED APR 17 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16, 1937

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 8:24 P m.

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

Stillborn full time

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? P. M. 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? .....

If so, specify .....

(Signed) W. H. White M. D.

(Address) 2803 N. Kingshighway

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.

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