

WRITE LEGIBLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

RECORDED SEP 14 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

6915

1. PLACE OF DEATH: **1003** **2**

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6842 Plateau Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: **1**

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis, **4**  
(If outside city or town limits, write "RURAL")

(d) Street No. 6842 Plateau Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Fannie Rankin **525**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ben Sherman Rankin

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 5 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 30 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Metropolis, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George T. Culver

13. Birthplace St. Charles, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Tanner

15. Birthplace Paducah, Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. McCaughey

(b) Address 6842 Plateau Ave.

17. (a) Removal (b) Date thereof Aug. 8, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Metropolis Illinois

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Ave.

19. (a) AUG 8 1939 (b) J. P. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1939 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-6-39 to 8-7-39, 19\_\_\_\_; that I last saw her alive on 8-7-39, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid colon Duration 1 yr.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Secondary pneumonia 1 yr.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. B. Lummels (M. D. or \_\_\_\_\_)

Address 1020 New Custard Date signed 8-8-39

Dr. Summells  
1020<sup>a</sup> McConland  
4 Pm.

**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 \_\_\_\_\_

M. J. Croghan Jr. \_\_\_\_\_, Registered Apprentice No. 193  
working under my personal supervision.

Signed J. A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

**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, above space should be left blank.**