

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2850

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

1. PLACE OF DEATH:

(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: City Infirmery  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 25 days 2  
(Specify whether years, months or days)

In this community. Unknown  
years, months or days

3. (a) PRINT FULL NAME. Alice Rank

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

3. (c) Social Security No. Unknown

4. Sex. Female / 5. Color or race. White

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

6. (b) Name of husband or wife. Peter Rank

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

7. Birth date of deceased. Sept. 16 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63	6	6	.....hr. ....min.
----	---	---	-------------------

9. Birthplace. Vinton / Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation. None

11. Industry or business.....

MOTHER FATHER { 12. Name. Patrick Rice

13. Birthplace. Unknown / Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name. Bridget Gaughen

15. Birthplace. Unknown / Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant: J. H. Sullivan

(b) Address. 5800 Arsenal St.

17. (a) BURIAL (b) Date thereof 4-1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. BELLE FONTAINE

18. (a) Signature of funeral director. Sullivan & Kelly

(b) Address. 1416 N. Taylor Ave

19. (a) MAR 21 1941 (b) J. H. Breckel  
(Date received at registrar's office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
17  
9 13

(a) State. Missouri (b) County.....

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

(d) Street No. 5800 Arsenal  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1941 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 25, 1941 to Mar. 22, 1941  
that I last saw her alive on Mar. 22, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death. Bronchopneumonia  
Urinary infection  
Cellulitis of perineum

Due to.....

Due to.....

Other conditions. Generalized arteriosclerosis  
Degenerative heart disease  
Diabetes mellitus

Major findings:  
Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature. R. E. Shank (M. D. or other)  
Address. 5600 Arsenal St. Date signed. 3/26/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

working under my personal supervision.

*Myself*

Registered Apprentice No. ....

*City License  
#143*

Signed

*Glenn E. Anderson*

Licensed Embalmer No. ....

*4141*

P. O. Address

*St. Louis Mo*

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.