

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30284

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7623

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: De Paul Hospital  
(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)

3. (a) PRINT FULL NAME Daisy Lindsay Ranft

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George F. Ranft 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 14th, 1879  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hope, Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

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

MOTHER FATHER { 12. Name James Lindsay  
13. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillia Kelly  
15. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant George F. Ranft

(b) Address St. Paul Minn.

17. (a) Ship by R.R. (b) Date thereof 9-22-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Minneapolis, Minn.

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. SEP 22 1941 (b) J. J. Bredbeck  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County 959  
(c) City or town St. Paul N.R. 21  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st  
year 1941 hour 6.00 minute A. M.

21. I hereby certify that I attended the deceased from 7-23-41  
1941, to Sept 21 1941  
that I last saw her alive on Sept 21 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 6 days

Due to Coronary Heart Disease 1 year  
Hypertension

Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy none  
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) none  
(b) Date of occurrence none  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none  
While at work? none (Specify type of place) (e) Means of injury none

23. Signature M. Stieble (M. D. or other)  
Address 7124 Natural Bridge Date signed 9-22-41

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

00  
17  
9

M.E. Stachle

Mm 3985  
Ev 7117

7503 Flinnsauy Rd  
7124 Nat Budge

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

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.