

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

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
 In this community 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Gumbo ----- Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Kerr's Mill Rd Near Wild Horse Rd.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rankin, Olive

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / race White 5. Color or White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jerome Rankin 6. (c) Age of husband or wife if alive ? years
 7. Birth date of deceased 3-20-72
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>8</u>	hr. _____ min.

9. Birthplace Plainsville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Williamson Nash
 13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Webster
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Wade

(b) Address 1225 Gruner Place, Wellston

17. (a) BURIAL (b) Date thereof July 30-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GUMBO CEM, GUMBO, MO

18. (a) Signature of funeral director SCHRADER FUNERAL HOME

(b) Address BALLWIN, MO

19. (a) JUL 31 1943 (b) J. McFarland
(Date received at death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
 year 1943 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-18-43
 _____, 19____, to 7-28-43, 19____;
 that I last saw her alive on 7-28-43, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Cardiac - Vascular - Renal Disease & Decongestion

Due to _____
 Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (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?
(Specify type of place)

While at work? _____ (e) Means of injury _____
 23. Signature John Mederunnia (M. D. or other) AD
 Address 601 So. Brentwood Date signed 7-28-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Theo. Schrader

Licensed Embalmer No.

3066

P. O. Address

Baltimore, Md.

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.