

FILED MAR 16 1945

Registration District No. 818

Primary Registration District No. 1003

State File No.

Registrar's No.

8149

2123

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 31 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew Rankins

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex Male 9 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 8, 1888
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Sandy Rankins
13. Birthplace Nashville, Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Elvely Wells
(b) Address 1114 N. 20th Street
17. (a) Burial (b) Date thereof Mar. 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street

19. (a) MAR 5 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1114 N. 20th St.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1945 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from February 21, 1945 to February 28, 1945
that I last saw him alive on February 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative-Hypertensive Heart Disease with Auricular fibrillation and anasarca
Due to _____

Due to _____
Other conditions 93
(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? _____

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

23. Signature B. F. [Signature] (M. D. or other) _____
Address 2801 [Address] Date signed 3/1/45

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

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 *Burleson English*
Licensed Embalmer No. *4208*
P. O. Address *2931 Lucas, Ave*

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.