. S. No. 2
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v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32285

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9390

1. PLACE OF DEATH:

(a) County

(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4062 Easton Avenue, 1
(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:

(a) State Missouri (b) County

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

(d) Street No. 4062 Easton Avenue, 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gertrude Ranier

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Fred Ranier

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

7. Birth date of deceased June 2, 1895 (Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 27 If less than one day hr. min.

9. Birthplace England (City, town, or county) 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. Harry Ranier- Son 1
(b) Address 4062 Easton Avenue,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-31-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Sullivan Undertakers,
(b) Address 2849 North Euclid Avenue

19. (a) OCT 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th year 1945 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from July 23/1945 to Sept. 28/1945, 19 to , 19 ; that I last saw h alive on About Sept. 1st. 1945. , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Starvation, due to inability to eat enough to sustain life.	
Due to Cancer of left breast. About	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

50

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 2

23. Signature Adrian Nicholson (M. D. or other)

Address 1222 American Date signed 10/30/45

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.