

No. 2
-12-45
5-17-39
X47070

FILED MAR 6, 1947

Registration District No. 17

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(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 2 mos. 4 days
(Specify whether)

In this community 2 yrs.
years, months or days

3. (a) PRINT FULL NAME Margarie Ranft

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife No. Me

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

7. Birth date of deceased November 15 1925
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>11</u>	<u>3</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Clyde Ranft

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Vivian Newcomb

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vivian Ranft

(b) Address 7620 Santa Monica

17. (a) burial
(Burial, cremation, or removal)

(b) Date thereof 2/27/47
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) 3-3-47
(Date received local registrar)

(b) Washed Allen
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 7620 Santa Monica
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 20, 1946, to February 24, 1947;
that I last saw her alive on February 24, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Boswell cerebral hemorrhage
36

Duration 1/2 hr.

Due to Anterior poliomyelitis - 2 mo.
spinal polio and encephalitis type

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: Spinal Cord degeneration
? cerebral hemorrhage, atelectasis L.L. lobe lung

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) (e) Means of injury

23. Signature B. Smith, M.D. (M. D. or other) _____

Address 601 S. Brentwood Blvd. Date signed 2-24-47

Clayton, Mo.

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

Warren A Carver

Licensed Embalmer No.

353X

P. O. Address.....

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.