

S. No. 2
M-5-43
5-17-39
P I X36671

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15560
4262

FILED MAY 9 1947
318

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis mo.
(b) City or town St. Louis mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 525 Ridge 1NR.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Oliver Leo Rankert

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

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

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

7. Birth date of deceased 8 2 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace PLYMOUTH IND
(City, town, or county) (State or foreign country)

10. Usual occupation SALES MAN

11. Industry or business

12. Name John

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

14. Maiden name Phina

15. Birthplace PLYMOUTH IND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oliver Leo Rankert

(b) Address 525 Ridge - Webster Groves

17. (a) Removal (b) Date thereof 4-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth, Ind.

18. (a) Signature of funeral director S. Mittelberg

(b) Address 237 N. Lakewood Webster Groves Mo.

19. (a) APR 25 1947 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1947 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 23, 1947, to April 24, 1947;
that I last saw him alive on April 24, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage due to ruptured esophageal varices. Duration 1 day
Due to Cirrhosis of the liver 8 mo.

Due to _____
Other conditions 1/24
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Ruptured esophageal varices. Cirrhosis of liver.
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? _____

While at work? _____ (Specify type of place) _____

(e) Means of injury _____

23. Signature David Mafe Kerr (M. D. or other) MD

Address Barnes Hospital Date signed 4/24/47

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

Embl separate Cert filed

APR 25 1967

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.....

Licensed Embalmer No.....

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.