

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15563
Registrar's No. 4699

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
1416 B So. Broadway
(d) Length of stay: In hospital or institution..... 55 years
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No. 1416B So. Broadway
(e) Citizen of foreign country?..... no
If yes, name country.....

3. (a) PRINT FULL NAME RENA MARGARET RATTY
3. (b) If veteran, name war..... Nil 3. (c) Social Security No. none
4. Sex..... F / 5. Color or race..... W 6. (a) Single, widowed, married, divorced..... W 2
6. (b) Name of husband or wife..... Pete 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... August 14, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 23 hr. 0 min.

9. Birthplace..... Moberly, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation..... House-wife
11. Industry or business..... At Home

MOTHER FATHER

12. Name..... John Bugg
13. Birthplace..... unknown
14. Maiden name..... Mollie Baker
15. Birthplace..... unknown

16. (a) Informant..... Alice M. Luther
(b) Address..... 1514a So. Broadway
17. (a) burial (b) Date thereof..... 5-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... A.W. McLaughlin
(b) Address..... 2301 Lafayette Avenue
19. (a) MAY 9 1947 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 7th
year..... 1947 hour..... 9:35 minute..... P M.
21. I hereby certify that I attended the deceased from..... January
....., 1947, to..... May 7, 1947
that I last saw her alive on..... May 2....., 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Congestive heart failure
Due to..... Cardio-renal vascular disease

Due to.....
Other conditions..... Pyelonephritis
(Include pregnancy within 3 months of death)
Non-calculus

Major findings:
Of operations.....
Of autopsy.....

Duration
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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature..... Victor H. Fuenteb (M. D. or other)
Address..... 3105 So. Grand Date signed..... 5/9/47

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.