S. No. 2
(—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 31 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25965

Registrar's No. 6612

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillip Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 25

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 3837 R. W. Pine Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME: Ollie R. Crafton Rankin
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Willie
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: 6-18-94 (Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 29 If less than one day hr. min.

9. Birthplace: Mount Vernon Ind. (City, town, or county) (State or foreign country)
10. Usual occupation: Nil
11. Industry or business
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (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: Lee Otis Moore
(b) Address: 202 N Jefferson Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Wood
18. (a) Signature of funeral director: Bernice Lowe
(b) Address: 3103 Wash St
19. (a) (Date filed with local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Coma
Antecedent causes: Hypertensive Cardiovascular Disease
Underlying causes: Fracture of Neck of left Femur; Suffered Apoplectic Coma while at her home 3837 W. Pine on or about June 21st 1947
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 0
Of autopsy: 0

PHYSICIAN
Underline the cause of 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: (M. D. or other)
Address: Date signed 7-14-47

Jefferson City Printing Co.

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.