No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6907

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2334

1. PLACE OF DEATH:

(a) County

(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: City Infy. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept. 9-47 to 3-7-48 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town ST, Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2812 A Victor 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Tillie Ranninger

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 Single

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

7. Birth date of deceased Apr. (Month) 3 (Day) 1878 (Year)

8. AGE: Years 69 Months 11 Days 4 ~~27~~ If less than one day hr. min.

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

10. Usual occupation Laundress

11. Industry or business

FATHER
12. Name George Ranninger 6
13. Birthplace ST, Louis, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minna Hoffmann
15. Birthplace ST, Louis, (City, town, or county) (State or foreign country) 0

16. (a) Informant City Infy Records
(b) Address 5800 Arsenal ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) MAR 8 1948 (Date received local registrar) (b) J. F. Bonneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1948 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept. 9, 1947 to March 7, 1948 that I last saw her alive on March 7, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: Arteriosclerotic heart Dis	10 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Coronary occlusion and generalized arteriosclerosis

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 0

23. Signature Warren C. Lewis (M. D. or other)
Address 5600 Arsenal Date signed 3-7-48

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 Frank I. Owens

Licensed Embalmer No. 2245

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.