

6540 JUN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22345
Registrar's No. 4634

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN, ST. LOUIS	c. LENGTH OF STAY (in this place) 7 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 4587	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL HOSPITAL		d. STREET ADDRESS (If rural, give location) 144 S. OLD ORCHARD AVE	

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) M. c. (Last) MARCRANDER			4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1952		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 5, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS/ OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO. U		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME JOHN RASCH		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE THOMAS MARCRANDER			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS THOMAS MARCRANDER 1445.0AD ORCHARD W6			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, essential DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 78 hrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
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22. I hereby certify that I attended the deceased from 5/16/52, 1952, to 5/19/52, 1952, that I last saw the deceased alive on 5/18/52, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Potashnick M.D.		23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 5/19/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-21-52		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY		24d. LOCATION (City, town, or county) (State) Kirkwood MO.	
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DATE REC'D BY LOCAL REG. MAY 19 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME 73 W. LOCKWOOD AVE WEB. GRO. MO.	
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Kennehy

Licensed Embalmer No. 41940

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.