.300
.48

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

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19458

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5304

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5960 Park Lane Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5960 Park Lane Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): P.
c. (Last): Hanratty.

4. DATE OF DEATH (Month) (Day) (Year): May 25 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 2, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 9 Days 23 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrial Worker
10b. KIND OF BUSINESS OR INDUSTRY: Retired.
11. BIRTHPLACE (City and State or Foreign Country): New Hampshire.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Patrick Hanratty.
13b. MOTHER'S MAIDEN NAME: Marcella Manahan.
14. NAME OF HUSBAND OR WIFE: Elizabeth Hanratty.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Elizabeth Hanratty ADDRESS: 5960 Park Lane Av

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiac Disease — yrs.

DUE TO (c) Nephritis — yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

593X

22. *I hereby certify that I attended the deceased from* Nov. 30, 1952 *to* May 25, 1953, *that I last saw the deceased alive on* May 25, 1953, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Swindall (Degree or title) M.D.
23b. ADDRESS: 2202 University St.
23c. DATE SIGNED: May 26, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 28, 1953
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery.
24d. LOCATION (City, town, or county) (State): St. Louis, MO.

DATE REC'D BY LOCAL REG.: MAY 27 1953
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: S.P. (Licensed Embalmer's Statement on Reverse Side)
ADDRESS: Buchholz-Koeller 5967 W. Florissant Ave

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilfred F. Buchh

Licensed Embalmer No...

P. O. Address ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.