

FILED JUN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20156

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1443

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
 c. LENGTH OF STAY (in this place) D.O.A.
 d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE New York b. COUNTY New York
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New York City
 d. STREET ADDRESS (If rural, give location) 225 West End Ave.

3. NAME OF DECEASED
 (Type or Print)
 a. (First) Ernest b. (Middle) _____ c. (Last) Rankin

4. DATE OF DEATH May 24, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married

8. DATE OF BIRTH Feb. 21, 1911

9. AGE (In years last birthday) 42
 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pilot

10b. KIND OF BUSINESS OR INDUSTRY Airplane

11. BIRTHPLACE (State or foreign country) New York City, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Rankin

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, 2 W.W. 2

16. SOCIAL SECURITY NO. 068 24 5942

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Russell E. Moriarty Westwood N.J.

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures, brain damage & shock- suffered while an occupant of an airplane which crash landed on the eastern end of Lambert Air Field and was destroyed. All occupants were personnel of Meteor Air Transport, Inc.
 ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 II. OTHER SIGNIFICANT CONDITIONS (c) Were personnel of Meteor Air Transport, Inc.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 400 861X

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lambert Airport

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Berkeley City St. Louis (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5/24/53 5:33A

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Crash landing of airplane

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Williams (Degree or title) Coroner

23b. ADDRESS Clayton, Mo.

23c. DATE SIGNED 5/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 5/25/53

24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEM.

24d. LOCATION (City, town, or county) (State) NEW YORK CITY N.Y.

DATE REC'D BY LOCAL REG. 5-25-53

REGISTRAR'S SIGNATURE Herbert R. Dombk

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.D. Calleri Funeral Home 10123 St. Charles

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

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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. Demme
Licensed Embalmer No. *4194*
P. O. Address *St. Louis,*

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.