

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26798**
Registrar's No. **6398**

FILED JUL 31 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY INF.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Ernest Ratliff		a. (First) Ernest	b. (Middle) Ratliff
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 22 53	
5. SEX MALE	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug. 3 1915
9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (City and State or Foreign Country) LEADIN. MISS.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Josh Ratliff		13b. MOTHER'S MAIDEN NAME Eizabeth	14. NAME OF HUSBAND OR WIFE Julia Ratliff
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 42509-7520	17. INFORMANT'S SIGNATURE OR NAME Julia Ratliff ADDRESS 1601 So 2nd St	
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) Heart Stroke suffered on June 18, 1953 while working at the Monsanto Chemical Company.	
		INTERVAL BETWEEN ONSET AND DEATH an	
		ANTECEDENT CAUSES DUE TO (b) Working at the Monsanto Chemical Company.	
		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 Accident		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Factory	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 18 53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9313	
22. I hereby certify that I attended the deceased from 18 , to 19 , that I last saw the deceased alive on 18 and that death occurred at 230 P. M. , from the causes and on the date stated above. 12			
23a. SIGNATURE Patrol E. Taylor Coroner		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6. 24. 53.
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 27 53	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) 9900 Natural Bridge Mo MO
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Burke	ADDRESS 3506 Franklin S.P. (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 myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Yandell.....
Licensed Embalmer No. 424.....
P. O. Address Webster Gr.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.