

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33071

State File No. ....

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8521

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1321 No EUCLID AVE</u>		e. STREET ADDRESS (If rural, give location) <u>6 1321 No EUCLID AVE 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) c. (Last) <u>DANKEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 1-1953</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>APR. 21-1877</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTLAND</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>GEORGE B. RITCHIE</u>	13b. MOTHER'S MAIDEN NAME <u>HELEN YOUNG</u>	14. NAME OF HUSBAND OR WIFE <u>SYLVESTER DANKEL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ms Sadie Raymond - 1321 No Euclid Ave</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Arthritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1945</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>422.2</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no injury</u>
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22. I hereby certify that I attended the deceased from 1935, 1935, to Sept, 1953, that I last saw the deceased alive on Aug, 1953, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. S. Howan MD</u>	23b. ADDRESS <u>4903 Delmar Ave</u>	23c. DATE SIGNED <u>9/1/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/3/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., MO</u>
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DATE REC'D BY LOCAL <u>SEP 2 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. Mullen</u>	ADDRESS <u>5165 Delmar St</u>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed..... *Ronald O. Yalucke* .....

Licensed Embalmer No. *3917*

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

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