

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45513

FILED JAN 19 1954

State File No. _____

12007

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

1. PLACE OF DEATH a. COUNTY 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 45 yrs	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital			e. STREET ADDRESS (If rural, give location) 4202a N. Broadway 2099		
3. NAME OF DECEASED (Type or Print) ALMA RANKEY			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 19, 1892		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Trimmer	10b. KIND OF BUSINESS OR INDUSTRY Wolf-Tober Shoe Co		11. BIRTHPLACE (City and State or Foreign Country) Unknown Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME August Schultz		13b. MOTHER'S MAIDEN NAME Mary Ott		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 492-22-7382		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alma Tobin 2902 Hebert Street		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis ANTECEDENT CAUSES DUE TO (b) none DUE TO (c) Hemiplegia & Seale II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension - 230-60				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION NO	19b. MAJOR FINDINGS OF OPERATION NO		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? none		14201	
22. I hereby certify that I attended the deceased from Dec 19, 1953 , to Dec 19, 1953 that I last saw the deceased alive on Dec 19, 1953 , and that death occurred at 2:00 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) M. F. Harman M.D.			23b. ADDRESS 2739 Grand St. St. Louis, Mo		23c. DATE SIGNED 12/21/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-53	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis MO		
DATE REC'D BY LOCAL REG. DEC 21 1953	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEDMEYER & SON'S 3934 N. 20th Street		

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.....
Signature of Student Embalmer

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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.