

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13977
State File No. 3743
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 26 2203a North Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) John (Jack) b. (Middle) James c. (Last) Ranney	4. DATE OF DEATH (Month) April (Day) 23 (Year) 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 17, 1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 2 Days 6	IF UNDER 24 HRS. Hours 6 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk	10b. KIND OF BUSINESS OR INDUSTRY Steel Plant - Ret.	11. BIRTHPLACE (State or foreign country) Carrollton, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John James Ranney	13b. MOTHER'S MAIDEN NAME Sally Patterson	14. NAME OF HUSBAND OR WIFE Stella Ranney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Stella Ranney	ADDRESS St. Louis, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumothorax		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Pneumothorax for Pulmonary Tuberculosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 002X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-12, 1954**, to **April 23, 1954**, that I last saw the deceased alive on **April 23, 1954**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Braverman, M.D.	23b. ADDRESS Jewish Hospital, St. Louis	23c. DATE SIGNED 4/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. to Madison, Ill. #4241574	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Edwardsville, Illinois
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DATE REC'D BY LOCAL REG. APR 26 1954	REGISTRAR'S SIGNATURE Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Francis Cahery	ADDRESS Madison, Ill.
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m.g. 13. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADEING 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
Student Embalmer

Signed Ronald O. Yohube

Licensed Embalmer No. 39117

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.