

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43061**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2832**

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|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ | |
| b. CITY OR TOWN KOCH | c. LENGTH OF STAY (in this place) 2 1/2 days | 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 ROBT. KOCH HOSPITAL | | e. STREET ADDRESS (If rural, give location) 1433 UNION 2067 | |

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|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) THOMAS | b. (Middle) LYNN | c. (Last) RANGER | 4. DATE OF DEATH (Month) (Day) (Year) Dec 3, 1955 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 3-7-77 | 9. AGE (In years last birthday) 78 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Leatherworker | 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME FRANCS RANGER | 13b. MOTHER'S MAIDEN NAME AUGUSTINE BEQUETTO | 14. NAME OF HUSBAND OR WIFE ELIZABETH RANGER | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN | | 16. SPECIAL SECURITY 202-10-2550 | |
| 17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORD | | 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COR PULMONALE | | INTERVAL BETWEEN ONSET AND DEATH ? ? |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PULM EMPHYSEMA | | |
| | DUE TO (c) _____ | | |
| 19. CAUSE OF DEATH | | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 5271 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **SEPT 13, 1955**, to **Dec 3, 1955**, that I last saw the deceased alive on **Dec 3, 1955**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

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|---|---|--|---|
| 23a. SIGNATURE Frank Cohen | (Degree or title) MD | 23b. ADDRESS Robert Koch Hosp Koch Mo | 23c. DATE SIGNED 12/4/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE Dec-7-1955 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) St Louis Co Missouri |
| DATE REC'D BY LOCAL REG. 12-6-55 | REGISTRAR'S SIGNATURE Deibert R. Dombard | 25. FUNERAL DIRECTOR'S SIGNATURE Bensieck Nichols ADDRESS 1431 Union | |

18. (Licensed Embalmer's Statement on Reverse Side)

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 *Robert M. Murray*.....

Licensed Embalmer No. *37*.....

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.