

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006834

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 316

Primary Registration District No. 6070

Registrar's No. 90

300
-57

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knob Lick		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis 2237		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1906 S. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Sylvester Middle E. Last Ratliff				4. DATE OF DEATH Month March Day 1 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 7, 1882		9. AGE (In years last birthday) 76	10. FUNDER 1 YEAR Months 7 Days	11. IF UNDER 24 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rooming house operator			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Sylvester Ratliff			13b. MOTHER'S MAIDEN NAME Lily (Unknown)		14. NAME OF HUSBAND OR WIFE Lillian Ratliff		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 448-14-1678		17. INFORMANT Address Lillian Sylvester St. Louis, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____						_____	
DUE TO (c) _____						260X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetic condition existed according to hospital records.						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Investigated by Coroner and Inquest deemed not necessary.				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			UNATTENDED BY A PHYSICIAN AT TIME OF DEATH.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from exact time of day not known and last saw her alive on _____ Death occurred at March 1, 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ester Rudloff Local Registrar of				22b. ADDRESS Realty Bldg., Farmington, Mo.		22c. DATE SIGNED 3/6/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Reburial		23b. DATE OF BURIAL, CREMATION, OR REMOVAL 3/5/59		23c. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis, Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR McLaurhin Funeral Home, St. Louis, Mo.			25. DATE RECD. BY LOCAL REG. Mar. 6, 1959		26. REGISTRAR'S SIGNATURE Ester Rudloff		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Bert J. Miller

VS JUN 15 1960

Licensed Embalmer No. 3752
P. O. Address Farmington

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.