

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030716

FILED VS AUG 26 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 7382** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) *	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo		Length of stay in 1b 31 Days	c. CITY OR TOWN East St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1638 Bond Ave

3. NAME OF DECEASED (Type or print)	First Thelma	Middle	Last Rankin	4. DATE OF DEATH	Month August	Day 6	Year 1959
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 26, 1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Brinkley, Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Lee Horn	13b. MOTHER'S MAIDEN NAME Eliza Shaw	14. NAME OF HUSBAND OR WIFE Nallachi Rankin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT Nallachi Rankin 1638 Bond Ave East St. Louis Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic adenocarcinoma Colon	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY	Hour 11 a.m. Month, Day, Year Aug. 6, 1959
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION East St. Louis	COUNTY City	STATE Ill.
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21. I attended the deceased from Aug. 1, 1959 to Aug. 6, 1959 and last saw him alive on Aug. 6, 59
Death occurred at 11 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. E. Jay et al.	(Degree or title)	22b. ADDRESS 111 Church St. Ferguson, Mo.	22c. DATE SIGNED Aug 7, 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/9/59	23c. NAME OF CEMETERY OR CREMATORY Booker T. Washington Cem.	23d. LOCATION (City, town, or county) (State) East St. Louis, Illinois
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24. FUNERAL DIRECTOR R.M.C. Green Fun. Home 1318 E. Broadway	ADDRESS East St. Louis, Ill	25. DATE RECD. BY LOCAL REG. AUG 8 '59	26. REGISTRAR'S SIGNATURE Loard Smith. M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin E. Glee

Licensed Embalmer No. 4428

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.