

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037981

FILED VS. OCT 19 1959

2 9238

STATE FILE NUMBER

RECEIVED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | c. CITY OR TOWN <b>St. Louis</b>  |   |
| Length of stay in 1b   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>5226 Maple</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Gussie</b> Middle <b>Rankin</b> Last <b>Rankin</b>   |   | 4. DATE OF DEATH<br>Month <b>10</b> Day <b>5</b> Year <b>59</b>   |   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>Negro</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>5-7-1906</b>  |
| 9. AGE (last birthday) <b>53</b>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Marvell, Ark.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   | 13a. FATHER'S NAME<br><b>Secrenius Wright</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Ada Kindell</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Willie Rankin</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No.</b>   |   | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   | 17. INFORMANT<br><b>Willie Rankin</b> Address <b>5226 Maple</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Massive Cerebral Hemorrhage</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Undet.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ <b>331X</b>   |   |   |   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. Month, Day, Year   | 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  | COUNTY STATE  |
| 21. I attended the deceased from <b>10-4-59, 2:05 p.m.</b> to <b>10-5-59</b> and last saw her <b>OK</b> alive on <b>10-5-59</b><br>Death occurred at <b>7:00 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><i>Edward B. Wilborn, M.D.</i> (Degree or title)   |   | 22b. ADDRESS<br><b>2601 N. Whittier St.</b>   | 22c. DATE SIGNED<br><b>10-6-59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>10/10/59</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park Cem.</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis county, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>G. Wade Granberry</b> ADDRESS <b>4202 Finney Ave.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 8 '59</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Loan Smith, M.D.</i>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave

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.