

REC'D FEB 10 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

673

Do not use this space.

673

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
**1008**  
 (b) Township ..... Primary Registration District No. .... Registered No. ....  
 (c) City **Saint Louis** (d) Street No. **2820a N. Newstead Avenue** St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** **Norman Steele Ransom**

(a) Residence, No. **2820a N. Newstead Ave.** St. **///**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30th, 1938**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 ----- 5 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis**  
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Arthur Ransom**  
 14. BIRTHPLACE (CITY OR TOWN) **Hopkinsville**  
 (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Lerene Steele**  
 16. BIRTHPLACE (CITY OR TOWN) **Auburn**  
 (STATE OR COUNTRY) **Nebraska**

17. INFORMANT **Arthur Ransom**  
 (ADDRESS) **2820a N. Newstead Avenue**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Washington Park** DATE **1/23/39** 19 .....

19. FUNERAL DIRECTOR (NAME) **Charles J. Gates**  
 (ADDRESS) **4107-09 Finney Avenue**

20. FILED **JAN 23 1939** **J. B. Bricker**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH****NO PHYSICIAN IN ATTENDANCE**21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 20th, 1939**

22. I HEREBY CERTIFY, That I attended deceased from .....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **11:10 p.m.**

The principal cause of death and related causes of importance were as follows:  
 -----

Other contributory causes of importance:  
 -----

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify **Joseph M. Lynn**  
 (Signed) **Joseph M. Lynn**, M.D.  
 (Address) **1300 Clark Avenue**

**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.....

James A. Johnson

Registered Apprentice No. ....

working under my personal supervision.

Signed

Licensed Embalmer No. ....

3522

P. O. Address

4107 Finney Avenue

**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, above space should be left blank.**