

1939 MAR 13

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

5219
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. City Hospital No. 1
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.....
Primary Registration District No.....
Registered No. **1912**

2. PRINT FULL NAME

(a) Residence, No. 2345 1/2 North Mar St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Horace Ransom

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 6 22

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER
13. NAME George Ranson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER
15. MAIDEN NAME Emma Weeley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLEFONTAINE CEM MARCH 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hopwood
222 St. Louis

20. FILED FEB 28 1939
J. B. Bridick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26/39, 19.....

22. I HEREBY CERTIFY, That I attended deceased from 1/24/39, 19..... to 2/26/39, 19.....
I last saw him alive on 2/26/39, 19..... Death is said to have occurred on the date stated above, at 12.45 a.
The principal cause of death and related causes of importance were as follows:

Nemachromatosis
(Crowned diabetes)

Date of onset

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.....
(Signed) E. J. ... M. D.
(Address) City Hospital No. 1

U. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Charles Goodhart

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Charles Goodhart

Licensed Embalmer No. *2777*

P. O. Address *H. Lane, Mo*

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.