

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

17011
Do not use this space.

1. PLACE OF DEATH 318 So. Jefferson

(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1008 Registered No. 4545
(c) City of St. Louis, Mo. (d) Street No. 318 So. Jefferson 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ⁵²⁵ Lizzie Ransom

(a) Residence, No. 318 So. Jefferson St. 22 (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. Apparent-46

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) Kirkwood Mo.

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT William Ransom (ADDRESS) 318 So. Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE father Dickson DATE 5/18/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. L. Garner 2829 Washington Ave.

20. FILED J. P. Buckley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1939

22. I HEREBY CERTIFY, That I attended deceased from March 31 1939 to May 18 1939

I last saw him alive on May 18 1939. Death is said to have occurred on the date stated above at 5:00 P. M.

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

Other contributory causes of importance: Long time

Name of operation Date of
What last confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence, fall 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 Vincent J. Welch, M. D.
(Signed) (Address) 2335 Franklin

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

804-9-1-1943 I X18805

MAY 18 1939

APR 27 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 me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arthur Hilliard

Licensed Embalmer No. 3389

P. O. Address.....

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.