FEB 19 1940
S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8246

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 346

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis Co.
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt. 11 Box 474
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Lemay
(If outside city or town limits write "RURAL")
(d) Street No. Rt. 11 Box 474
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Beula Ransick 522

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. Ransick
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb. 8 1872 (Month) (Day) (Year)

8. AGE: Years 68 Months -- Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Work
11. Industry or business At Home

FATHER
12. Name Thomas Donovan
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Roberts
15. Birthplace New York (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs Ransick
(b) Address Ferguson Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Wm. Schumacher
(b) Address 3013 Meramec St.
19. (a) FEB 19 1940 (Date received local registrar) (b) T R Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 18th. year 1940 hour 1 o'clock minute P. M.
21. I hereby certify that I attended the deceased from Feb 8, 1940, to Feb 18, 1940, that I last saw her alive on Feb 18, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Regurgitation — Duration
Due to myocarditis
Due to acute dilitation
Due to CHF
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr Royal V. Kirkpatrick (M.D. or other)
Address 7110 Maple Ave. Date signed 2-19-40

(Licensed Embalmer's Statement on Reverse Side)

1110 mck

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 Clarence Kochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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.