

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1887

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township.)
(c) Name of hospital or institution Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs, 25 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2719 Locust
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 40 hour 8 minute 10 A. M.
21. I hereby certify that I attended the deceased from December 4, 1937, to Oct 2, 1940;
that I last saw him alive on Oct 2, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 7 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none

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? _____

While at work? _____ (Specify type of place) _____
_____ (Specify type of place) _____ means of injury

23. Signature R. W. Polk (M. D. _____)
Address Koch, Mo. Date signed Oct 3, 1940

3. (a) PRINT FULL NAME Ransom, Julius

8. (b) If veteran, name war _____ (c) Social Security No. none

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Mattie Ransom 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 24
If less than one day hr. _____ min. _____

9. Birthplace: Cassetteville MO
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business Tailor shop

12. Name Julius Ransom

13. Birthplace ?
(City, town, or county) (State or foreign country)

14. Maiden name Susan Woodson
15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant patient
(b) Address same

17. (a) Burial (b) Date thereof 10-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Watkins Bros
(b) Address 3644 Farmway ave

19. (a) OCT - 7 1940 (b) R. W. Polk M.D.
(Date received local health officer's signature) (Registrar's signature)

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

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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 Ronald V. Atkin

Licensed Embalmer No. 2842

P. O. Address 3644 Fin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.