

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27176

State File No. _____

6968

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2905 Dickson /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1721

(d) Street No. 2905 Dickson (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fred Ransom

3. (b) If veteran, name war World War

3. (c) Social Security No. 492-10-4042

4. Sex Male 5. Color or race Col

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Pearl Ransom

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased St. Louis Mo 28 1889
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>53</u> | <u>6</u> | <u>29</u> | <u>28</u> |
| | | | hr. | min. |

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Mover

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Ransom

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name America Cohen

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

16. (a) Informant Georgie May

(b) Address 4229 Garlie Id

17. (a) Burial (b) Date thereof 8 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barrack

18. (a) Signature of funeral director Benjamin Tolley

(b) Address 3129 Locust Ave

19. (a) AUG 28 1941 (b) J. H. Huber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 26
year 1941 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from 8-2-41 to 8-26-41, 1941
that I last saw him alive on 8-26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis

Due to arterio sclerosis

Due to _____

Other conditions None
(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)

(e) Means of injury _____

23. Signature J. D. Thurman (M. D. or other) 0

Address 3047 9th Date signed _____

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 *mf*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clark Young

Licensed Embalmer No.

3371 2

P. O. Address

St. Louis

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, fact should be so stated above.