No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

Registration District No. 18

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8705

Registrar's No. ~~2450~~ 96

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess O Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. L. 14 ONR.
(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 910 Leonard Dr.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Infant Richard Dale Ransom
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or Race white
6. (a) Single, widowed, married, divorced O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3/14/43 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
—	—	3	5 hr. 34 min.

9. Birthplace Deaconess Hospital St Louis Mo O (City, town, or county) (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Willard Charles Ransom.
13. Birthplace Esther Mo. O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Kirkpatrick
15. Birthplace Herculaneum Mo O (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W C Ransom.
(b) Address 910 Leonard Dr. Rock Hill Village Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Churchyard
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) MAR 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1943 hour 3 PM. minute M.
21. I hereby certify that I attended the deceased from 3/11/43, 19, to 3-14-43, 1943;
that I last saw him alive on 3/14/43, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute circulatory collapse (myocarditis)	
Due to Prematurity	
Due to	
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 B. R. Loving (M. D. or other)
Address Deaconess Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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

If this body is not embalmed, fact should be so stated above.