

No. 2
12-45
-17-39
X47070

STANDARD CERTIFICATE OF DEATH 1003

State File No.

FILED APR 14 1947
Registration District No. 318

Primary Registration District No.

Registrar's No. 3487

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Mar. C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4423^{1/2} Bessons
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1947 hour 1:15 minute AM M.
21. I hereby certify that I attended the deceased from 3/24/47
19____, to 3/28/47, 19____;
and that death occurred on the date and hour stated above;
that I last saw 1^m alive on 3/28/47, 19____;

Immediate cause of death Carcinoma of Rectum Duration ?

Due to _____
Due to _____

Other conditions Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings: Decompensated
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 Walker M. Turner Date signed 3/28/47
1515 Lafayette (City or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME FRANK RANSBERGER

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased March 5 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Restaurant Helper

11. Industry or business _____

MOTHER FATHER

12. Name Andrew Ransberger

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

14. Maiden name Lena Neely

15. Birthplace Washington County (City, town, or county) (State or foreign country)

16. (a) Informant Leola Ransberger

(b) Address Marshall MO

17. (a) Removal (b) Date thereof 3-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall MO

18. (a) Signature of funeral director John S. Zappulent

(b) Address 702^{1/2} Grand Ave

19. (a) APR 2 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

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

2872

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 Frank Owens
Licensed Embalmer No. 2245
P. O. Address St. Louis MO

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.