

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 42722
10617
Registrar's No.

| | | | | | | | | |
|---|--|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | |
| 1. PLACE OF DEATH a. COUNTY / | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2119 | | | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3972 Cook Ave. | | | d. STREET ADDRESS (If rural, give location) 3972 Cook Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) Eliza | | | a. (First) | | b. (Middle) A. | | c. (Last) Ransome | |
| 4. DATE OF DEATH | | (Month) Dec. | | (Day) 11, | | (Year) 1950 | | |
| 5. SEX Female 3 | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married / | | 8. DATE OF BIRTH Oct. 22, 1875 | | |
| 9. AGE (In years last birthday) 75 | | 10. UNDER 1 YEAR Days 1 | | 11. UNDER 1 WEEK Hours 18 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) Memphis, Tenn. / | | |
| 13a. FATHER'S NAME James Smith | | | 13b. MOTHER'S MAIDEN NAME Mary ? | | | 14. NAME OF HUSBAND OR WIFE Robert Ransome | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No --- | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Ransome 3972 Cook Ave. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Intestinal Nephritis | | INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21f. HOW DID INJURY OCCUR? 592X | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | | |
| 22. I hereby certify that I attended the deceased from 10-4-1950, to 12-11-1950, that I last saw the deceased alive on 12-8-1950, and that death occurred at 5 a. m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Dr Edward Bell M.D. U | | | 23b. ADDRESS 2901 1/2 Laclede Ave, St Louis Mo | | | 23c. DATE SIGNED 12-11-50 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-15-1950 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | |
| DATE REC'D BY LOCAL REG. DEC 12 1950 | | REGISTRAR'S SIGNATURE J. B. Ransome | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave. | | | | |

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. *269-A*

P. O. Address *2769 Chouteau*

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.