

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10529

State File No. 2889
Registrar's No. 1003

318

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2889	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI BAPT. HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>10 3644 NATURAL BRIDGE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u>		b. (Middle)		c. (Last) <u>RANSOM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-51</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>8-18-1890</u>	
9. AGE (In years last birthday) <u>60</u>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>DALLAS TEXAS</u>		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILLWRIGHT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Not KNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>Not KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>HELENE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>349-09-9994</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helene Ransom</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary - Decompensation</u>		ANTECEDENT CAUSES				6 wks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				10 yrs +	
DUE TO (b) <u>Rheumatic C.V. Disease</u>		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				6 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Bronchopneumonia</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>3-15-51</u> , 19 <u>51</u> , to <u>3-26-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-26-51</u> , 19 <u>51</u> , and that death occurred at <u>11:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. Kennedy MD CM.</u>				23b. ADDRESS <u>508 No. Grand Ave.</u>		23c. DATE SIGNED <u>3-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>3/28/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>Chicago</u> <u>ILL.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 28 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alfred Lullo 2707 N. Grand</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Stanley Dixon

Licensed Embalmer No. 4193

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.