

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6718**
Registrar's No. **1570**

FILED MAR 5 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

No. 300
10.46

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1570	
1. PLACE OF DEATH a. COUNTY ****				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY -			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 65 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4236, Fairfax avenue			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Franklin c. (Last) Ransome			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1952				
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1st, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months - Days 14	IF UNDER 24 HRS. Hours - Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co		11. BIRTHPLACE (State or foreign country) St. Francis Co, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Benjerman Ransome		13b. MOTHER'S MAIDEN NAME Hanna Keaton		14. NAME OF HUSBAND OR WIFE Alberta Ransome			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 702-05-5525		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alberta Ransome 4236, Fairfax, Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Generalized Arteriosclerosis				Undet.			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) Undetermined			
				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				None			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? H500			
22. I hereby certify that I attended the deceased from 1-23 , 19 52 , to 2-15 , 19 52 , that I last saw the deceased alive on 2-15 , 19 52 , and that death occurred at 10:10pm. , from the causes and on the date stated above.							
23a. SIGNATURE Carlus L. Harris (Degree or title) M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 2-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/20/52		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. FEB 19 1952		REGISTRAR'S SIGNATURE Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter H. Rowland 2829, Washington Blvd.			

STATEMENT BY LICENSED EMBALMER

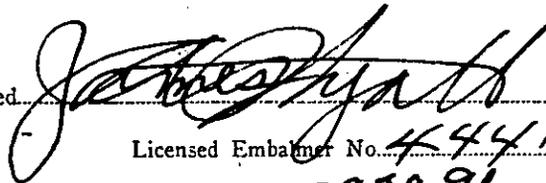
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.