

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10458

State File No. 2095  
Registrar's No. 2095

FILED MAR 24 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>En Route Homer G. Phillips Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>2918 No. Newstead Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Ransom</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 2 - 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>8 -- 18 -- 1915</b>
9. AGE (In years last birthday) <b>36</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cheuffeur</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cheuffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Paul Ranson</b>		13b. MOTHER'S MAIDEN NAME <b>Mamie Blythe</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-14-2760</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dixie Blythe Chicago Ill. 510, Oakwood Blvd.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Fractures of Skull. 2 Lacerations of Brain - suffered when deceased fell from porch of 443 1/2 Easton Ave. about 2:45 AM - gave way on porch at 443 1/2 Easton Ave. about 2:45 AM -</b> DUE TO (b) <b>fall from porch of 443 1/2 floor to ground below when porche</b> DUE TO (c) 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 <b>March 2-1952 000 Accident</b>	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.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3/2/52</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>See above</b>	<b>E 9020-21</b>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:45 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph W. L... Deputy</b>		23b. ADDRESS <b>1300 Clark Ave.</b>	23c. DATE SIGNED <b>3/5/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-6-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
DATE REC'D BY LOCAL REG. <b>MAR 5 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McNeal Harris 2829, Washington, Blvd</b>	

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

*Leroy W. Barnister*

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave.

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.