

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10921

State File No.

18685-57
FILED APR 12 1957

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

Registrar's No. 2721

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 town) St Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 30 Saint Louis Maternity		e. STREET ADDRESS (If rural, give location) 2219 2712 Lawton				
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Ransom			4. DATE OF DEATH (Month) (Day) (Year) February 28 1957			
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -- 0	8. DATE OF BIRTH February 28 1957	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri 0		
12. CITIZEN OF WHAT COUNTRY? --		13a. FATHER'S NAME LeVert Ransom		13b. MOTHER'S MAIDEN NAME Adele Granderson		
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) --		16. SOCIAL SECURITY NO. --		
17. INFORMANT'S SIGNATURE OR NAME Adele Ransom		ADDRESS Above				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Immaturity.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epicranial hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Feb 28</u> , 19 <u>57</u> , to <u>Feb 28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Feb 28</u> , 19 <u>57</u> , and that death occurred at <u>7:15 A. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>John L. Muschany</u>			23b. ADDRESS (Degree or title) <u>St. Louis Maternity Hospital</u>		23c. DATE SIGNED <u>3-1-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-30-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith</u>				
DATE REC'D BY LOCAL HEALTH OFFICE <u>WAD 20 57</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		ADDRESS <u>4104 Manhattan</u>		

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

mks (Licensed Embalmer's Statement on Reverse Side)

0100 0157

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.