

DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 39842
Registrar's No. 10189

BIRTH NO. _____ REG. DIST. NO. 040 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *St. Louis Mo*

c. LENGTH OF STAY (In this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION *De Paul Hospital*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE *Mo*
b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) FOR TOWN *St. Louis*

d. STREET ADDRESS (If rural, give location) *5819 Terry*

3. NAME OF DECEASED
(Type or Print) a. (First) *Ransom* b. (Middle) *Tunnicliff* c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) *11 14 1951*

5. SEX *M* 6. COLOR OR RACE *W* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

8. DATE OF BIRTH *2-2-1867* 9. AGE (In years last birthday) *84* IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Laborer*

10b. KIND OF BUSINESS OR INDUSTRY *Maloney Elec Co*

11. BIRTHPLACE (State or foreign country) *Cincinnati Ohio*

12. CITIZEN OF WHAT COUNTRY? *U.S.*

13a. FATHER'S NAME *Unknown* 13b. MOTHER'S MAIDEN NAME *Unknown* 14. NAME OF HUSBAND OR WIFE *deceased*

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. *489-18-8248*

17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Gloria Meyer 3339 Clara*

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____

ANTECEDENT CAUSES *Coronary Thrombosis*

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

18. INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR *H2O*

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 *3:40 P. m.*, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) *Cathel E Taylor Coroner* 23b. ADDRESS *1500 Clark* 23c. DATE SIGNED *11.16.51.*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *11-17-1951* 24c. NAME OF CEMETERY OR CREMATORY *Memorial Park Cem* 24d. LOCATION (City, town, or county) (State) *St. Louis Mo*

DATE REC'D BY LOCAL REG. *NOV 16 1951* REGISTRAR'S SIGNATURE *W. J. Smith* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Edu Koch + Son - 3516 h. 14th*

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 Paul E. Hoffman

Licensed Embalmer No. 4306

P. O. Address St Louis Mo

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.