N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28088

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. [illegible] Registered No. 7169

City St Louis (No. Deaconess Hosp St. ..... Ward)

2. FULL NAME Lillian Ramsey

(a) Residence, No. Statler Hotel St., 25 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 72 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Service maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Statler Hotel
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: John Ramsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " " "

17. INFORMANT (ADDRESS): Mrs. Mead Statler Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: 8/21 1933

19. UNDERTAKER (ADDRESS): Mullen Und Co. 5165 Delmar Blvd

20. FILED AUG 20 1933 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1933, to Aug. 17, 1933

I last saw her alive on Aug. 17, 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Aug 10, 33
936	
941	
950	

Other contributory causes of importance:

Hypertension	8/10/33
Chronic Myocarditis (failure)	

Name of operation: none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Curtis A. Meyer, M. D.

(Address) 650 Century Bldg