

REC'D APR 11 1938

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

9139

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2601 N Whittier** Registered No. **2728**
 (e) Length of residence in city or town where death occurred **3** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Alma Ramsey 520**
 (a) Residence, No. **2904 R Gamble** St. **21**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James Ramsey**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 22, 1907**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 8 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House work**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **Illinois**

FATHER 13. NAME **Floyd Waters**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Hattie Johnson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Corbandale Ill.** DATE **3-23-38**

19. FUNERAL DIRECTOR **Ellis Funeral Home** (ADDRESS) **2320 Stoddard St.**

20. FILED **APR 22 1938** **J. B. Bredack** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 20 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 18 1938** to **March 20 1938**

I last saw h. or alive on **March 20 1938**. Death is said to have occurred on the date stated above, at **4:15a** m.

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

Carcinoma of cervix

Date of onset **1/18/38**

Other contributory causes of importance:

Chronic salpingitis; bilateral pyelitis; bilateral double kidneys; bilateral double ureters; lues

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify..... (Signed) **Tom McCall**, M. D.

(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, Tommy Boykin, Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Tommy Boykin

Licensed Embalmer No. 2946

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.)