

MAR 18 1939

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

Do not use this space.

REC'D APR 7 1939

1. PLACE OF DEATH

96 County St. Louis Registration District No. 784 File No. 12386
Township Carondelet Primary Registration District No. 26 Registered No. 496
City St. Louis, Mo. (No. Mr. H. Rose San. St. _____ Ward _____)

2. FULL NAME

Ramsey, Emma St. _____ Ward. Stanton Missouri
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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) Missouri13. NAME Ramsey, John14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquand Missouri15. MAIDEN NAME Berkhart Ella16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Fred W. Ramsey (ADDRESS) Roselle, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Roselle, Mo. DATE March 20, 193919. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 4700 Washington Blvd20. FILED MAR 18 1939 J. R. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 193922. I HEREBY CERTIFY, That I attended deceased from July 11, 1938, to Mar. 17, 1939

I last saw him alive on Mar. 17, 1939 Death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

Far advanced Pulmonary Tuberculosis Date of onset 1937

Other contributory causes of importance:

Pulmonary Edema

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____

(Signed) C. E. Gervon M. D.
(Address) 9101 S. Broadway Ave
St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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.

