

REC'D JUN 8 1939

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

17501
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Staw Primary Registration District No. 11002 Registered No. 1903
(c) City St Louis (d) Street No. 19 E Sun Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 520 Mary R Ramsey
2531 Brook (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 M 4. COLOR OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. F. Ramsey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 8 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Business
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) St Louis MO
13. NAME John O. Stava
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Rayburn Ramsey
2531 Brook
18. BURIAL, CREMATION, OR REMOVAL PLACE Adessa me DATE 5/6/39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Hanson
Adessa me
20. FILED May 6 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-39
22. I HEREBY CERTIFY, That I attended deceased from 4-2-39, 19....., to 5-6-39, 19.....
I last saw him live on 5-6-39, 19..... Death is said to have occurred on the date stated above, at 4:55 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic glomerular nephritis Date of onset 131
Other contributory causes of importance:
uremia
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes
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) P. De Maria, M. D.
Superintendent
(Address) St Louis

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

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.

1934-1-25-33
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STATEMENT BY LICENSED EMBALMER
IN WITNESS WHEREOF, I have hereunto set my hand and seal of office at the City of _____, State of _____, this _____ day of _____, 19____.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

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 this body is not embalmed, above space should be left blank.