WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1940

1003

State File No. 30369

Registration District No. 791 Primary Registration District No. Registrar's No. 7646

1. PLACE OF DEATH: (a) County St.Louis - St.Louis - (b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo.Pacific Hospital .... (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 26 days....

2. USUAL RESIDENCE OF DECEASED: (a) State Illinois. (b) County St.Clair
(c) City or town East St.Louis, Ill. (If outside city or town limits, write "RURAL") NR
(d) Street No. 565 North 22nd Street.. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Theodore Jansen Ramey..
3. (b) If veteran, name war
3. (c) Soc. Sec. No. 702-12-5106
4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Ray Kelley Ramey.... 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan. 27th -1874... (Month) (Day) (Year)
8. AGE: Years 66 Months 7 Days 10 If less than one day hr. min.
9. Birthplace Clarksville -- Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Collector - 9
11. Industry or business Eads Bridge.. 4
FATHER 12. Name Samuel Ramey..
13. Birthplace NoRecord.. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Dick.....
15. Birthplace Scotland.. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ray Kelley Ramey
(b) Address 565 North 22nd Street..
17. (a) Burial.... (Burial, cremation, or removal) (b) Date thereof Sept. 10th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cemty.
18. (a) Signature of funeral director J. P. Cange c/o Buckley Co.
(b) Address #1218 Stoddard Street East St. Louis Ill.
19. (a) SEP 12 1940 (Date received local registrar) (b) J. P. Redeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1940 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Aug 12, 1940 to Sept 9, 1940 that I last saw h. alive on Sept 7, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation & Uremia — Duration
Due to: arteriosclerotic heart disease &
Due to: chronic nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 131
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature K. E. Acker M.D. (M. D. or other)
Address Mo Pac Hosp Date signed 9-7-40

(Licensed Embalmer's Statement on Reverse Side)

7646

7646

Ex 0500

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ben H. Baldw

Licensed Embalmer No. 2420

P. O. Address E. St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.