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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5451

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1699

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4924 Labadie Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 500

(c) City or town St. Louis 176 (If outside city or town limits, write "RURAL")

(d) Street No. 4933a St. Louis Ave. 7 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Joseph P. Ramsey

3. (b) If veteran, name war

3. (c) Social Security No. 492-12-3565

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 9 Widowed

6. (b) Name of husband or wife Lillian M. Ramsey

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 11 (Day) 1872 (Year)

8. AGE: Years 68 Months 11 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 6 Missouri (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name John Ramsey
13. Birthplace (City, town, or county) 8 Denmark (State or foreign country)

MOTHER
14. Maiden name Margaret Woodlock
15. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Mrs F. J. Becker
(b) Address 4512 Cleveland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2- 24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) FEB 22 1941 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1941 hour 1 minute 30 p M.

21. I hereby certify that I attended the deceased from Jan 21, 1941, to Feb 21, 1941; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 0

23. Signature W. H. White (M. D. or other) M. D.

Address 2803 N. Kingshighway Date signed 2-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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

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