

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8172
State File No. _____
Registrar's No. 410

Registration District No. 784 Primary Registration District No. 202

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn,
(c) Name of hospital or institution 6212 Bailey Place.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn,
(d) Street No. 6212 Bailey Place.
(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Sophie C. Ramspott.
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 20th.
year 1941 hour 7 minute P.M.

4. Sex Female 5. Color or race White
6. (a) Single, married, divorced, Married.
6. (b) Name of husband or wife Fred P. Ramspott.
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased December 22, 1873.

21. I hereby certify that I attended the deceased from Jan 10, 1930, to Feb 20, 1941.
that I last saw her alive on Feb 20, 1941.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
67 1 28 hr. min.

Immediate cause of death
chronic valvular heart disease 39yrs.
Due to Arthritis deformans 26yrs.
& arterio sclerosis 10yrs.
Due to _____

9. Birthplace St. Louis, Missouri.
10. Usual occupation Invalid (26 years)

Other conditions _____
Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Fred Fricke.
13. Birthplace Germany
14. Maiden name Sophie Glasgow,
15. Birthplace Germany.

16. (a) Informant Mr. Fred P. Ramspott.
(b) Address 6212 Bailey Place.
17. (a) Burial (b) Date thereof 2-24-1941.
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) FEB 22 1941 (b) [Signature]

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature John [Signature] (M. D. _____)
Address 1492 1/2 [Address] Date signed 2/21/41

Dr. John D. Poe.
1482 Hodiament Ave.
Hours 9 to 11 A.M.
Phone Mulberry 4740

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 3454

David C. Gibson Registered Apprentice No. _____

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 596 Easton St. Houston

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, fact should be so stated above.