

No. 2  
4-13-40  
5-17-39  
X23159

FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12585  
State File No.  
3015  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:  
6028 Horton Pl., /  
(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)

3. (a) PRINT FULL NAME Issac H. Ramoe.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Ramoe 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct. 31, 1869.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>4</u>	hr. min.

9. Birthplace Norway 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ? Ramoe

13. Birthplace Norway 4  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Norway 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Ramoe

(b) Address 6028 Horton Pl.,

17. (a) Burial (b) Date thereof April 7/41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

APP - 5 1941  
(Date received by registrar)

(c) J. T. Brudick  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 6028 Horton Pl.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1941 hour 4.30 minute A.M. M.

21. I hereby certify that I attended the deceased from 7/1, 1941, to 4/4, 1941;  
that I last saw h. im alive on 4/4/41, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer / Lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

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) None  
(b) Date of occurrence None  
(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?

While at work no (Specify type of place) (e) Means of injury None

23. Signature James W. Reilly (M. D. or other) M.D.  
Address 1125 B. B. B. Ave. Date signed 4/9/41

Dr. P. J. Reilly

**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..... 3225

P. O. Address 1125 Hodiament Ave., .....

**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.**