

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38448

NOV 10 1943

State File No. _____
Registrar's No. 9574

Registration District No. 318 Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4135 N. 22nd. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 Yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4135 N. 22nd. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERTINA RAMBERG
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 29
year 1943 hour 6 minute 05 p.m.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Chas. F.A. Ramberg
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Aug 17 1943 to Oct. 29 1943
that I last saw her alive on Oct. 29 1943
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Oct. 28 1865
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
78 0 1 hr. min.

Immediate cause of death: Complete hemiplegia Central-Admonitory right side
Due to _____

9. Birthplace Bergholz, N.Y.
(City, town, or county) (State or foreign country)

Other conditions: Hypertension & Arterio-sclerosis
(Include pregnancy, within months of death) 2 years
Due to _____

10. Usual occupation At home.

11. Industry or business _____
12. Name Wm. Zabel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
Duration 10 weeks
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Marnie Parish
(b) Address 4135 N. 22nd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1 1943
(Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem

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? _____

18. (a) Signature of funeral director J. F. Bundeck
(b) Address NOV 1 1943
19. (a) NOV 1 1943 (Date received local registrar)
J. F. Bundeck (Registrar's signature)

23. Signature J. F. Bundeck (M. D. or other) DR
Address 4222 Belmont Date signed 10-30-43

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

MOTHER FATHER

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. *2737*

P. O. Address..... *1936 St. Louis*

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.