

FILED JUN 19 1944

5286

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

## 1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (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 BARNES HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 day  
 In this community 0 years, months or days

3. (a) PRINT FULL NAME Richard Ramstein

3. (b) If veteran,

name war NONE

3. (c) Social Security

No. 425-09-66014. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED6. (b) Name of husband or wife GRACE 6. (c) Age of husband or wife if alive 53 years7. Birth date of deceased. NOV 11 1891  
(Month) (Day) (Year)8. AGE: Years 52 Months 6 Days 28 If less than one day  
hr. min.9. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)10. Usual occupation FARMER11. Industry or business SELF.12. Name KARL RAMSTEIN13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)14. Maiden name CAROLINE TROELE15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)16. (a) Informant Grace Ramstein  
(b) Address Bourbon Mo.17. (a) Burial (b) Date thereof June 12 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation NIRAM18. (a) Signature of funeral director James W. ...(b) Address 3710 N. Grand Blv.19. (a) JUN 10 1944 (b) J. J. ...  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 028  
 (c) City or town BOURBON  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route #2 Bourbon Mo  
 (If rural, give location) NR  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country 1

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1944 hour 3:15 minute A M.21. I hereby certify that I attended the deceased from May 29, 1944, to June 9, 1944  
and that death occurred on the date and hour stated above.Immediate cause of death Arteriosclerotic + Hypertensive heart disease  
Duration 3 yrsDue to 9/27Other conditions Embolism of popliteal artery  
(Include pregnancy within 3 months of death)Major findings: Of operations noneOf autopsy none

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature M. C. Ahney (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 6/9/44

W. O. W.  
MAGE WHITE MAGE  
MAGE MAGE

*Embalmer's Sep Cert to be filed*

JUN 10 1914

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.....

P. O. Address.....

**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.