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ev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32282**  
Registrar's No. **8846**

**FILED** OCT 19 1945  
Registration District No. **318**  
Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2609 1/2 DelKalb St. 1  
(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 Mo (b) County mo  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2609 1/2 DelKalb St. 239  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles S. Ramsey  
3. (b) If veteran, name war Spanish Amer. 3. (c) Social Security No. 700  
4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Rachel Ramsey 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Nov. 14 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 9  
year 1945 hour 7 minute 40 p. M.  
21. I hereby certify that I attended the deceased from June 15 1945 to Oct 9 1945  
that I last saw him alive on Oct 8 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Obs. myocarditis  
Duration 2 yr

8. AGE: Years 72 Months 10 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Mulkey Town Ill. 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
12. Name Unknown Ramsey  
13. Birthplace 11 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Rachel Ramsey 1  
(b) Address 2609 1/2 DelKalb St.  
17. (a) Burial (b) Date thereof 10-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemo. With Bur. R + Nls.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0  
23. Signature T. Pleudewey (M. D. or other) MD  
Address 2000 29th Date signed 10/10/45

18. (a) Signature of funeral director W. J. Buebeck  
(b) Address 2929 S. Jefferson Av.  
19. (a) OCT 10 1945 (b) J. J. Buebeck  
(Date received local registrar) (Registrar's signature)

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

**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.....

*Frank Proloff*

Licensed Embalmer No. *4356*

P. O. Address *St. Louis, Mo.*

**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.**