S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39664
10319

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Josephine Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2817 Victor St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna M. Ramming
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Christ Ramming
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Sept. 1 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name John Erdmann
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
14. Maiden name Anna B. Thater
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Christ Ramming
(b) Address 2817 Victor St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation N.S.S. Peter & Paul Cem.
18. (a) Signature of funeral director Witt Bro. & Mo.
(b) Address 2929 S. Jefferson Av.
19. (a) DEC 12 1945 (Date received local registrar) (b) J. F. Bedrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1945 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from Dec 8, 1945 to Dec 10, 1945 that I last saw him alive on Dec. 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration 2 day
Due to: Fracture Basal of Skull
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Operations
Of autopsy: Hypostatic Pneumonia; Fracture of Skull Basal

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) Accident (Fall)
(b) Date of occurrence Dec 4th 45
(c) Where did injury occur? St. Louis (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Patients home) (Specify type of place)
While at work? no (e) Means of injury Fell down stairs

23. Signature Julius Chas. Rotter (M.D. or other) M.D.
Address 2603 Cherokee St. Date signed 12/10/45

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. , working under my personal supervision.

Signed F. M. Davis

Licensed Embalmer No. 3241

P. O. Address 2929 So Jefferson av

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.