

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39665

State File No. _____

FILED JAN 5 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11132**

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:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution newborn
(Specify whether newborn)

In this community newborn
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5702 S. Water St.
(If rural, give location)

(e) Citizen of foreign country? newborn
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Baby Ramsey

3. (b) If veteran, name war ---

3. (c) Social Security No. ----

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced newborn

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 1, 1945
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
year 1945 hour 8:20 minute P M.

21. I hereby certify that I attended the deceased from 11/1/45
1945 to 11/2/45 1945

that I last saw her alive on 11/2/45 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
		<u>1</u>	<u>7</u> hr. <u>64</u> min.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace St. Louis City Hospital
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name John Ramsey

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

14. Maiden name Thelma Smyth

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

16. (a) Informant M. Renard

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

(b) Address St. Louis City Hospital

17. (a) Cremation
(Burial, cremation, or removal)

(b) Date thereof 11-10-45
(Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) DEC 26 1945
(Date received from registrar)

J. F. Brudeck
(Registrar's signature)

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 George N. Daniel
(M. D. or other)

Address 1505 Lafayette Date signed 11/3/45

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.....

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.