

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Registration District No. 6076

State File No. 14415
Registrar's No. 784

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/17/46
In this community 58 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME RAMSEY, Archibold A.
(b) If veteran, name war SPAW
(c) Social Security No. Unknown 567-26-0596

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Agnos Ramsey
(c) Age of husband or wife if alive 63
7. Birth date of deceased February 26 1879
(Month) (Day) (Year)

8. AGE: Year 67 Months 1 Days 5
If less than one day hr. min.

9. Birthplace Brooklyn, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Concrete Construction

MOTHER FATHER {
12. Name John Ramsey
13. Birthplace Connecticut
14. Maiden name Mary Murray
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk Vet. Adm. Hospital
(b) Address Jefferson Barracks, Missouri

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Apr 5 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Karl Cemetery Jeff Brks Mo

18. (a) Signature of funeral director W. E. Silwell
(b) Address 4016 Chesapeake

19. (a) 4-5-46 (b) W. E. Silwell
(Date received local registrar) (Registrar's signature)

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. 4259 Connecticut Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. TIME OF DEATH: Month April day 1
year 1946 hour 10:10 minute P M.

21. I hereby certify that I attended the deceased from 3/17/46 19 to 4/1/46 19 ;
that I last saw him alive on April 1 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS
Duration UNK

Due to 13-41
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: No Operation
Of operations
Of autopsy No Autopsy

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) No
(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 L. E. Silwell (Specify type of place) (M. D. or other)
of injury L. E. Silwell, M.D.

23. Signature W. E. Silwell (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 4/2/46

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 *John Ogowski*
Licensed Embalmer No. *3348*
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.