

FILED JAN 27 1947

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:  
2713 Walnut st /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 years  
years, months or days

3. (a) PRINT FULL NAME Oliver .G. Ramsey

3. (b) If veteran, name war Worlds War 1  
3. (c) Social Security No. 785-22-5781

4. Sex M 5. Color or race Col  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Essie Ramsey  
6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Nov 16 1888  
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 6  
If less than one day hr. min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business \_\_\_\_\_

12. Name John .E. Ramsey

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

14. Maiden name Carrie Powell

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

16. (a) Informant Burriel

(b) Address 4208 a Maffitt ave

17. (a) Burriel (b) Date thereof Dec 27 -46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem

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

(b) Address 2620 Lawton Blvd

19. (a) DEC 24 1946 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2713 Walnut st  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 22, year 1946 hour 1 minute 10 M.

21. I hereby certify that I attended the deceased from Dec. 20 - 1946 to Dec. 22 - 1946  
that I last saw him alive on Dec. 22 - 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 Day

Due to Pneumococci

Due to \_\_\_\_\_

Other conditions Lobar Pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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) \_\_\_\_\_

(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? no

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury no

23. Signature L. E. Vincent (M. D. or other)

Address 2316 1/2 main st Date signed 12-23-46

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

MAR 3 1947

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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... *Clark Young* .....  
Licensed Embalmer No. *3371* .....  
P. O. Address... *St. Louis* .....

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.