

S. No. 2
-12-45
5-17-39
P 1 X47070

FILED APR 8 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
2556 North Grand Blvd.
(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)

3. (a) PRINT FULL NAME CLAUDE BLAINE RAMSEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Julia C. Ramsey

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 4, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>4</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Insurance Business

11. Industry or business Own business

MOTHER FATHER {

12. Name Jerome Ramsey

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

14. Maiden name Marie Antonette Blaine

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

16. (a) Informant Julia C. Ramsey

(b) Address 8556 N. Grand Blvd.

17. (a) Removal (b) Date thereof 3/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Erie, Penna.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 East Grand Blvd.

19. (a) MAR 27 1947 (b) [Signature]
(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. 2556 North Grand Blvd.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from March 24, 1947 to March 26, 1947
that I last saw him alive on March 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid

Due to _____

Due to _____

Other conditions H6
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Nenny C. Westerman (M. D. or other) M.D.

Address 2136 East Grand Ave Date signed 3-27-47

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 A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Main St.

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.