

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1949

State File No. **17611**
4570

BIRTH NO. 31-2-2-2-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>How</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis Missouri</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis - 4</u>		17
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint John's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>222 1808 Hickory</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Brenda</u>	b. (Middle) <u>Joyce</u>	c. (Last) <u>Ramsey</u>	May	21	1949
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 19, 1949</u>		9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY?	1 4

13a. FATHER'S NAME <u>Robert Eugene Ramsey</u>		13b. MOTHER'S MAIDEN NAME <u>Ruthie Hinson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity.</u>			<u>6 mos.</u>			<u>44 hrs.</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			DUE TO (b)					
			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>159</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>776X</u>	

22. I hereby certify that I attended the deceased from May 19, 1949, to May 21, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard Muehmann M.D.</u>		23b. ADDRESS <u>St. John's Hospital</u>		23c. DATE SIGNED <u>21 May 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY	
DATE REC'D BY LOCAL HEALTH DEPT. <u>MAY 24 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bessville, Missouri</u>	

WRITE PLAINLY—USING 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

Not Embalmed
Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

R K Cooper

Licensed Embalmer No.

13633

P. O. Address.....

230 N. Fayette

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.