

THE DIVISION OF HEALTH OF MISSOURI  
**FILED MAY 20 1949** **STANDARD CERTIFICATE OF DEATH**

17612

State File No. ....

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 4226

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4226	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 3</b>		c. LENGTH OF STAY (in this place) <b>23 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 17</b>		d. STREET ADDRESS (If rural, give location) <b>4276 Hartford Street 9/0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to City Hosp. #1.</b>				d. STREET ADDRESS (If rural, give location) <b>4276 Hartford Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b>		b. (Middle) <b>E.</b>		c. (Last) <b>RAMSEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1949</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>D</b>		8. DATE OF BIRTH <b>About 60 yrs</b>	
9. AGE (In years last birthday) <b>About 60 yrs</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (State or foreign country) <b>Perry County Indiana</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Wiley Ball</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Cecil</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jesse Ramsey 4324a Clayton Ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Arterio Sclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>  <b>3 years</b>  <b>5 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>94-00</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H-201</b>			
22. I hereby certify that I attended the deceased from <b>Sept. 24, 1948</b> , to <b>May 9, 1949</b> , that I last saw the deceased alive on <b>May 9, 1949</b> , and that death occurred at <b>11:00 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank B. Catangaro D. C. 3</b>				23b. ADDRESS <b>5020 Page Blvd</b>		23c. DATE SIGNED <b>May 13-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-11-49</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Hallsville, Kentucky</b>	
DATE REC'D BY LOCAL REG. <b>MAY 15 1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] 2301 Lafayette</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1887

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*L.R. Cooper*

Licensed Embalmer No. \_\_\_\_\_

*3633*

P. O. Address \_\_\_\_\_

*2301 Lafayette*

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.