

No. 300
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REG. 1191519

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40293**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3128**

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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS 4000 0 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON BRKS., MO. c. LENGTH OF STAY (in this place) 17 DAYS | | c. CITY (If outside corporate limits, write RURAL and give township) AFFTON 4820 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL | | d. STREET ADDRESS (If rural, give location) 7736 BENMOORE DRIVE 0 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) M. c. (Last) RAMSEY | | 4. DATE OF DEATH (Month) (Day) (Year) 11-5-51 | |
| 5. SEX MALE 0 | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 9-18-95 |
| 9. AGE (In years last birthday) 56 YRS | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL MANAGER | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (State or foreign country) CINCINNATI, OHIO | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME THOMAS L. RAMSAY | 13b. MOTHER'S MAIDEN NAME JANET GRAHAM | 14. NAME OF HUSBAND OR WIFE LOUISE RAMSAY |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-I | 16. SOCIAL SECURITY NO. 489164268 | 17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS/ JEFF. BRKS, MO. ADDRESS |

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) POLYCYTHEMIA VERA | | DUE TO (c) | | UNKNOWN |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 294X YES <input checked="" 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **10-19-51**, 19____, to **11-5-51**, 19____, that I was the attending physician, and that death occurred at **3:20 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) E.C. O'BRIEN, M.D. | 23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO. | 23c. DATE SIGNED 11-5-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 11/8/51 | 24c. NAME OF CEMETERY OR CREMATORY CALVARY Cemetery | 24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO. |
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| DATE REC'D BY LOCAL REG. 11-8-51 | REGISTRAR'S SIGNATURE Richard P. Donohue Md | 25. FUNERAL DIRECTOR'S SIGNATURE J.L. ZIEGENHEIN & SONS, 7027 Gravois, St. Louis ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 1961

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.