

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33337

State File No.

FILED OCT 2 1952

BIRTH NO. 46265

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8024

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>Village of Oakland</u>	
c. LENGTH OF STAY (in this place) <u>1 MONTH</u>		d. STREET ADDRESS (If rural, give location) <u>1285 Liggett 4880</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDRENS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VICKI</u>	b. (Middle) <u>LINN</u>	c. (Last) <u>RAMSEY</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>8 24 52</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>6-10-52</u>	9. AGE (In years last birthday) <u>2</u>	if UNDER 1 YEAR Months <u>14</u>	if UNDER 12 mos. Days <u>14</u>	if UNDER 24 hrs. Hours <u>14</u>	Min. <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Richard D Ramsey</u>	13b. MOTHER'S MAIDEN NAME <u>Betty J. Adams</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. Murray</u>	ADDRESS <u>500 So. Kingshighway, City</u>
--	----------------------------------	--	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coarctation of the aorta</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____	

19a. DATE OF OPERATION <u>8-24-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Coarctation of aorta, infantile type</u>	20. AUTOPSY? 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7545</u>

22. I hereby certify that I attended the deceased from 7-24 1952, to 8-24, 1952, that I last saw the deceased alive on 7-24, 1952, and that death occurred at 10:44 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John C. Hervey M.D.</u>	23b. ADDRESS <u>St. Louis Childrens Hospital</u>	23c. DATE SIGNED <u>8-25-52</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>EMERALD</u>	24b. DATE <u>8-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL <u>AUG 25 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u>	ADDRESS <u>Kirkwood, Mo.</u>
--	---	---	------------------------------

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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis Mo

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.