

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37517**
Registrar's No. **9736**

FILED OCT 23 1953

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 years		e. STREET ADDRESS (If rural, give location) 2609 S. Grand 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2609 So. Grand			
3. NAME OF DECEASED (Type or Print) a. (First) Kate		b. (Middle) Ramko	
c. (Last) Ramko		4. DATE OF DEATH (Month) (Day) (Year) Oct 9 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sep 22. 1863
9. AGE (In years last birthday) 90		10. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown	
14. MOTHER'S MAIDEN NAME Unknown		15. NAME OF HUSBAND OR WIFE Unknown	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None	
18. INFORMANT'S SIGNATURE OR NAME Mrs Luellyn		19. ADDRESS 2609 So Grand	
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) <u>Coronary Artery Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis - arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastric ulcer</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>Two hours</u> <u>many years</u> <u>several months</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from <u>Oct 10, 1952</u> to <u>October 9, 1953</u> , that I last saw the deceased alive on <u>Sept. 3, 1953</u> , and that death occurred at <u>9 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frances R. Ritzel</u>		23b. ADDRESS <u>5233 Northmen Dr.</u>	
23c. DATE SIGNED <u>10-10-53</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	
23e. LOCATION (City, town, or county) (State) <u>6800 Easton Av</u>		23f. DATE <u>10-12-53</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24. NAME OF CEMETERY OR CREMATORY <u>Bethany</u>	
24. LOCATION (City, town, or county) (State) <u>6800 Easton Av</u>		24. DATE <u>10-12-53</u>	
DATE REC'D BY LOCAL REG. <u>OCT 13 1953</u>		REGISTRAR'S SIGNATURE <u>Phil Craig</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Phil Craig</u>		ADDRESS <u>4700 Washington</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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Paul C. Wachter*

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.