

SSOUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

VS JAN 16 1961
AMENDED

318

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. _____

136-61700357

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 4 DAYS		c. CITY OR TOWN BRENTWOOD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8711 EULALIE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) LLOYD H. RAMSEY			First	Middle	Last	4. DATE OF DEATH JANUARY 4, 1961	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/11/1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR	IF UNDER 24 HR	
					Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL SUPERVISOR			10b. KIND OF BUSINESS OR INDUSTRY MAILS POST OFFICE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME RICHARD H. RAMSEY			13b. MOTHER'S MAIDEN NAME SYLVIA SHARP			14. NAME OF HUSBAND OR WIFE LEELAH W. RAMSEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR #1			16. SOCIAL SECURITY NO.	17. INFORMANT Address NORMAN L. RAMSEY, 1228 HIGHLAND TERRACE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchiogenic Adenocarcinoma with</i> DUE TO (b) <i>generalized metastases</i> DUE TO (c) <i>1621</i>						INTERVAL BETWEEN ONSET AND DEATH 13 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>December 1959</i> to <i>January 4, 1961</i> and last saw him alive on <i>January 4, 1961</i> Death occurred at <i>7:42 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James Jones</i>			(Degree or title) <i>M.D.</i>	22b. ADDRESS <i>9313 Manchester Road St. Louis 19, Mo.</i>			22c. DATE SIGNED <i>Jan 5 1961</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1/7/1961	23c. NAME OF CEMETERY OR CREMATORY VALHALLA MAUSOLEUM		23d. LOCATION (City, town, or county) ST. LOUIS MISSOURI			
24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI			25. DATE RECD. BY LOCAL REG. JAN 6 1961	26. REGISTRAR'S SIGNATURE <i>Kean Smith, M.D.</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 John Schenck
Licensed Embalmer No. 41940
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.