

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5266 STATE FILE NUMBER

FILED JUL 13 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1822 S. Compton</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Arthur</u> Middle <u>E.</u> Last <u>Ramo</u>			4. DATE OF DEATH Month <u>June</u> Day <u>5</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/17/1909</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Manufacturing</u>		11. BIRTHPLACE (City and state or country) <u>Potosi, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John F. Ramo</u>		13b. MOTHER'S MAIDEN NAME <u>Gora A. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Vergie Ramo</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mary Vergie Ramo, 1822 S Compton St. L.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the lungs;</u> DUE TO (b) <u>Generalized Arterio Sclerosis.</u> DUE TO (c) <u>163x</u>		INTERVAL BETWEEN ONSET AND DEATH
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 <u>11:45</u> a.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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Paul J. Simon</u> (Do not sign as Deput...)	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>6/6/61</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/8/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hills Cemetery</u>
24. FUNERAL DIRECTOR ADDRESS <u>Donald Sparks Potosi, Missouri</u>		23d. LOCATION (City, town, or county) <u>Potosi, Missouri</u>
25. DATE RECD. BY LOCAL REG. <u>JUN 6 1961</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1961 JUL 13 1961

STATE FEE NUMBER

1. DECEASED (Last, first, middle initial)
 2. WIFE'S NAME (Last, first, middle initial)
 3. SECURITY NO. (If informant)
 4. MARITAL STATUS (a) Single (b) Married (c) Widowed (d) Divorced
 5. DATE OF BIRTH (Month, Days, Hours, Min)
 6. PLACE OF BIRTH (City and state or country)
 7. CITIZENSHIP (What country)
 8. ADDRESS (a) Street (b) Outside of town (c) Residence on farm
 9. TOWN OR CITY (If in town)
 10. COUNTY (If in town)
 11. STATE (If in town)
 12. DATE (Year, Month, Day)
 13. REGISTERED BY (Name and signature)
 14. DATE RECEIVED BY (Name and signature)

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, _____, Student Embalmer No. _____

working under my personal supervision.
Student _____

Signed Ronald Sparks

Signature of Student Embalmer _____

Licensed Embalmer No. 4819

P. O. Address Potosi, 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.