MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3337

STATE FILE NUMBER 62-012764

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 215
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4 1
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58

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: ST. Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 5200 S. Broadway
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Katharine Middle: Ramspergen Last: Hellmann

4. DATE OF DEATH: Month: March Day: 28 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: Sept. 29, 1872
9. AGE (last birthday): 89
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles Riedel
13b. MOTHER'S MAIDEN NAME: Frances Rudmacher
14. NAME OF HUSBAND OR WIFE: Peter Hellmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frances Bender Address: 5725 Bancroft

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Cecum + metastasis to the liver + mesentery.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 153.0
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.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3/23/62 to 3/28/62 and last saw her ~~him~~ alive on 3/27/62
Death occurred at 10:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert H. Ramsey (Degree or title) M.D.
22b. ADDRESS: 25a S. Florissant Ferguson, Mo
22c. DATE SIGNED: 3/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: March 31, 1962
23c. NAME OF CEMETERY OR CREMATORY: St. Paul Churchyard
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR: Will Montague ADDRESS: 6409 Gravois
25. DATE RECD. BY LOCAL REG.: MAR 29 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

25 9 S. Florrison
Robt. Ramsey

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 Harold C. Witt

Licensed Embalmer No. 4353

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.