

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

29402

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis,** (No. **5146 Enright av.,** St. .... Ward)

File No. ....  
Registered No. **8374**  
St. .... Ward)

**2. FULL NAME Alfred Ramel,**

(a) Residence, No. .... St. **12** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <b>Male</b>	<b>4. COLOR OR RACE</b> <b>White</b>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> <b>Married</b>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <b>Ida Ramel,</b>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <b>1859-6-2</b>				
<b>7. AGE</b>	<b>YEARS</b> <b>72</b>	<b>MONTHS</b> <b>1</b>	<b>DAYS</b> <b>29</b>	<b>IF LESS than 1 day, ..... hrs. or ..... min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <b>Retired</b>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <b>Accountant,</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <b>Greenville, Ill.</b>				
<b>FATHER</b>	<b>13. NAME</b> <b>Chas. H. Ramel,</b>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <b>Switzerland,</b>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <b>Emily Bull,</b>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <b>England,</b>			
<b>17. INFORMANT (ADDRESS)</b> <b>Ida Ramel, 5146 Enright av.,</b>				
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <b>St. Peters</b> <b>DATE</b> <b>8/3/31.</b>				
<b>19. UNDERTAKER (ADDRESS)</b> <b>Robert Lamborn, 6633 Clayton Road,</b>				
<b>20. FILED</b> <b>AUG -3 1931</b> <b>Ray C. J. ... Registrar</b>				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **8-1-31.** 19**31**

**22. I HEREBY CERTIFY, That I attended deceased from** **July 27th,** 19**31,** to **August 1st,** 19**31.**  
I last saw him alive on **August 1st,** 19**31** Death is said to have occurred on the date stated above, at **7:45 A.**  
The principal cause of death and related causes of importance were as follows:  
**Arteriosclerosis,**

Date of onset

**97** **Q**

Other contributory causes of importance:

**Name of operation** **None** **Date of** .....

**What test confirmed diagnosis?** ..... **Was there an autopsy?** **No**

**23. If death was due to external causes (violence), fill in also the following:**  
**Accident, suicide, or homicide?** ..... **Date of injury** ..... 19.....  
**Where did injury occur?** ..... (Specify city or town, county, and State)  
**Specify whether injury occurred in industry, in home, or in public place.**

**Manner of injury** .....

**Nature of injury** .....

**24. Was disease or injury in any way related to occupation of deceased?** **No**  
**If so, specify** **Club Backer** (Signed) **.....**, M. D.  
(Address) **1432 Blackstone av.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1961/10/13