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.

Apr 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14963

Township ..... Primary Registration District No. 1003 Registered No. 4172

City ST. Louis (No. Josephine Hospital St. ..... Ward)

2. FULL NAME Francis Leon Ramey

(a) Residence, No. 2853 Henrietta St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-10-1910

7. AGE: Years 24 | Months 0 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing Co.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoblick Missouri

FATHER

13. NAME Simeon Ramey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick Town Missouri

MOTHER

15. MAIDEN NAME Mary Sebastian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick Town Missouri

17. INFORMANT (ADDRESS) Mary Ramey 2853 Henrietta

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE Apr. 26, 1934

19. UNDERTAKER (ADDRESS) A. H. McLaughlin 1631 Missouri ave

20. FILED APR 21 1934 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/9/34 19 , to 4/23 , 1934

I last saw him alive on 4/23 , 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

11791

Other contributory causes of importance:

Perforated Gastric Ulcer 4/9/34

Lobal Peritonitis 4/9/34

L. Var. Pneumonia 4/12/34

Name of operation Laparotomy Date of 4/9/34

What test confirmed diagnosis? Clinical Obs. 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

(Signed) Henry F. Strut, M. D.

(Address) 2767 Park Ave