

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

Do not use this space.

43379

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Hickson Heights Primary Registration District No. 6248-H.
 City Ridgely Heights (No. St. Marys Loop)

File No. _____
 Registered No. 260 St. _____ Ward)

2. FULL NAME

Baby Carol Ramming
 (a) Residence, No. 458 E. Jackson St. Grant Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fr 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 10:27, 1936, to 11:01-36, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 - 1936

I last saw h.R. alive on 11-1, 1936 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15

to have occurred on the date stated above, at 8:50 P.M.

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

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

Sepsis
Septicemia
Philitonia

Date of onset

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

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

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Richard Ramming

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

What test confirmed diagnosis? Blood Culture Was there an autopsy? _____

15. MAIDEN NAME Florence Reingrubler

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Rich. Ramming (ADDRESS) 458 E. Jackson - St. Grant

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marys DATE 11/2/36, 1936

Nature of injury _____

19. UNDERTAKER J. J. Ziegenhein Sons (ADDRESS) 7027 Marquette

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED Nov. 2, 1936 Sam A. Bassett Registrar.

(Signed) Chas. H. Myers M. D.

(Address) 817 University Club

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.

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

NOV 29 1937

