REC'D MAR 14 1938

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

791

4866
Do not use this space.

1511

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City St. Louis Mo (d) Street No. City Hosp. #1. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Eva J. Ramsey 520

(a) Residence, No. 4184 Manchester Ave. St. 18

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. J. Ramsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 14 1885

7. AGE: Years 52 | Months 1 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Seamstres

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

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

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bunker Hill Ill.

FATHER

13. NAME: John Noel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt. Olive Ill.

MOTHER

15. MAIDEN NAME: Lula Pleitsch

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

17. INFORMANT (ADDRESS): Earl J. Anderson 1323 Eastover

18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Cem. DATE: Feb 12, 1938

19. FUNERAL DIRECTOR (ADDRESS): Fr. L. Sperlich Sons 5941 Easton Ave.

20. FILED FEB 11 1938 J. B. Bredeck Acting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 10th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.40 A.M.

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

Date of onset

2nd & 3d Degree burns of head, arms and chest, suffered in explosion of an oil stove in her home on Feb. 3, 1938 about 7.40 P.M. caused by deceased throwing water into stove while in a heated condition. No

Other contributory causes of importance:

damage to building or contents. Accident.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/3/1938

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

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

Manner of injury .....

Nature of injury See above

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

If so, specify .....

(Signed) Alfred J. Perry M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3454 or by , Registered Apprentice No.

working under my personal supervision.

Signed D C Gibson

Licensed Embalmer No. 3454

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)