

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

818

Do not use this space.

818

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City ST. Louis (d) Street No. ST. Anthony's Hospital 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

(a) Residence, No. 4911 Plaver Ave. St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Ramatowski
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 IR 9 19
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
 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) Poland (STATE OR COUNTRY) 7

FATHER
 13. NAME Andrew Kaczmarek
 14. BIRTHPLACE (CITY OR TOWN) Poland (STATE OR COUNTRY) 9

MOTHER
 15. MAIDEN NAME Wnk
 16. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) -

17. INFORMANT (ADDRESS) Husband John Ramatowski
4911 PLOVER AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 28 1939

19. FUNERAL DIRECTOR (NAME) ST. Louis Funeral Home (ADDRESS) 2205 ST. Louis Ave.

20. FILED JAN 26 1939 J. B. Budlak Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 20 1938 to Jan 24 1939

I last saw him alive on Jan 24 1939. Death is said

to have occurred on the date stated above, at 10:00 a.m.

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

Chronic Glomerulonephritis
Cerebral Hemorrhage

Date of onset

12/20/38

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Microscopic 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 Chronic Glomerulonephritis

(Signed) Frank J. Stamps M. D.

(Address) 3964 S. Grand Blvd. St. Louis

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4704 Washington*

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 this body is not embalmed, above space should be left blank.