DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37931

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9770

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5415 Maple Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 1

(c) City or town St. Louis, 5
(If outside city or town limits, write "RURAL")

(d) Street No. #5415 Maple Avenue.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edna Ramsay Small 540

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Harold R. Small

6. (c) Age of husband or wife if alive 62. years

7. Birth date of deceased March, (Month) 12, (Day) 1880. (Year)

8. AGE: Years 59. Months 8. Days 3. If less than one day _____ hr. _____ min.

9. Birthplace Carlyle, Illinois (City, town, or county) _____ (State or foreign country)

10. Usual occupation At Home

11. Industry or business 1

FATHER
12. Name Rufus N. Ramsay 1
13. Birthplace Trenton - Illinois 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Toney
15. Birthplace St. Louis - Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harold R. Small

(b) Address 5415 Maple Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov17, - 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Green Mount Cem - Belleville Ill.

18. (a) Signature of funeral director C.R.Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) NOV 16 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th year 1939 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from December, 1934 to Nov. 16, 1939 that I last saw her alive on Aug, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary disease -	?
Hypertension	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? 1 (e) Means of injury _____

23. Signature J. W. Hinderlite (M. D. or other) MD

Address 1400 Olive Date signed 11-16-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Lister Bldg
10-12 a.m.
HO-3800

DEC 1 1943

DEC 7 1943

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 Bradford A. Miles

Licensed Embalmer No. 2961

P. O. Address St Louis Mo

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.