

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7903 Minnesota 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: 000
(a) State Mo. (b) County 12
(c) City or town St. Louis 01
(If outside city or town limits, write "RURAL")
(d) Street No. 7903 Minnesota ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rudolph Ramsey
3. (b) If veteran, Nono name war
3. (c) Social Security No. 491-12-9222

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 6
year 1943 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from Feb 5
1943 to Feb 6 1943
that I last saw him alive on Feb 5
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, Widowed
divorced
6. (b) Name of husband or wife Sophronia Ramsey
6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased August 28 1868
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Duration Chronic
Due to.....
Due to.....

8. AGE: Years Months Days If less than one day
74 5 8 hr. min.

Other conditions Chronic Intermittent nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace St. Genevieve Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
11. Industry or business Retired

MOTHER FATHER
12. Name John Ramsey
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Huett
(b) Address 7903 Minnesota ave.

17. (a) Burial (b) Date thereof Feb. 9, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Doe Run, Missouri

18. (a) Signature of funeral director C. Hoffinslater U.A.U.
(b) Address 7814 S. Broadway

19. (a) FEB 9 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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?
23. Signature Ray W. ... (Specify type of place) (M.D. or other)
Address 7717 ... Date signed 2/6/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Lewis C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lewis C. Hoffmeister*
Licensed Embalmer No. *3871*
P. O. Address. *7814 S Broadway*

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, fact should be so stated above.