

FILED JUL 3 1948

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Registration District No. Primary Registration District No. Registrar's No. 5725

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:
4135 N. 22nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 29 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4135 N 22. Nd Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles F.A. Ramsey

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albertina
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb. 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 2 hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Litographer

11. Industry or business Columbia Can. Co.

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

16. (a) Informant Albertina Ramsey

(b) Address 4135 N. 22nd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1943
(Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Reidervieden Funeral Home

(b) Address JUN 23 1936 St. Louis, Ave

19. (a) J. F. Budek (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1943 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept. 25, 1939
to June 21 1943
that I last saw him alive on June 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease with generalized arteriosclerosis Duration 4 years

Due to
Due to
Other conditions Parkinson disease
Diverticulum of esophagus

Major findings: Of operations
Of autopsy
PHYSICIAN 6 gm. 3 year

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature J. F. Budek (M.D. or other) MD
Address 4222 N. Grand Date signed 6-21-43

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.....

Matthew Mc Gowan

Registered Apprentice No. *352*

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *2737*

P. O. Address *1936 St. Louis*

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.