

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

866

State File No.

Registrar's No. 582

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town Hillsboro
(If outside city or town limits, write "RURAL")

(d) Street No. Rural R. 2
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 1
If yes, name country.....

3. (a) PRINT FULL NAME Edward Ramey

3. (b) If veteran, name war ---

3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Ramey 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 9th, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Ramey

13. Birthplace Florissant Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Stowe

15. Birthplace House Springs Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Ramey

(b) Address Hillsboro Mo. R.R. #2, East St. Louis

17. (a) Date thereof 1/19/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill

18. (a) Signature of funeral director H.W. Niedel

(b) Address 455 N. 9th, E. St. Louis, Ill

19. (a) JAN 19 1944 J. F. Breese
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1944 hour 2:00 minute 50 P. M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Decomposition of Brain

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?.....

While at work?..... (Specify type of place) (e) Means of injury 3

23. Signature Thomas F. Callahan (M.D. or other).....
Address Deputy Coroner Date signed 1-19-44

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address.....

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.