

S. No. 2
DOM-2-43
v. 5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7856

FILED MAR 1 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1579

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____

3. (a) PRINT FULL NAME James B. Ramsey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male Color or race W.

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

6. (b) Name of husband or wife Loyle

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

7. Birth date of deceased Feb 26 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 11 17 hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business _____

12. Name John F. Ramsey

13. Birthplace Hagerstown, Md.
(City, town, or county) (State or foreign country)

14. Maiden name Andria Long

15. Birthplace Hagerstown, Md.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julia B. Meyers

(b) Address 7719 Olive St Rd

17. (a) Burial (b) Date thereof 2-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashalla

18. (a) Signature of funeral director Louis H. Bopp

(b) Address Wacker Blvd Mo

19. (a) FEB 15 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

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

(d) Street No. 7719 Olive St Rd
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1946 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from 2/12/46 to 2/13 that I last saw alive on 2/13 and that death occurred on the date and hour stated above.

Immediate cause of death RUPTURED ANEURYSM of ABDOMINAL AORTA - non specific

Due to arteriosclerosis

Due to arteriosclerosis

Other conditions arterionephrosclerosis
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy yes

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

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

(b) Date of occurrence 1/25

(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) _____
(a) means of injury

23. Signature James B. Ramsey (M. D. or other) MD

Address 7719 Olive St Date signed _____

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

0816

6291

APR 22 1946

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..... *Jan M. Sigerson*

Licensed Embalmer No. *4343*

P. O. Address *2415 Zephyr Pl Maplewood N.J.*

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.