

No. 2
-5-43
5-17-39
X36671

STANDARD CERTIFICATE OF DEATH
1003

State File No. 35522

Registration District No. Primary Registration District No. Registrar's No. 9328

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:
6136 Leona
(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

3. (a) PRINT FULL NAME Mary Ramspott

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

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 26 1870
(Month) (Day) (Year)

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

76 I 3 hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Ehrhardt

{ 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Not know

{ 15. Birthplace Germany U
(City, town, or county) (State or foreign country)

16. (a) Informant Lilly Ramspott

(b) Address 6136 Leona

17. (a) Burial (b) Date thereof Nov 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) OCT 31 1946 (b) J. F. Bredock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1/7
(If outside city or town limits, write "RURAL")

(d) Street No. 6136 Leona 90
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1946 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 12th
1940, to October 29, 1946
that I last saw her alive on October 29th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Stomach Duration 3 years

Due to regeneration of nodular ulcers 3 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) H/O

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 A

23. Signature Wm. F. Sisson (M. D. or other) 1946
Address 1115 Victor St. Tel. Gr. 0048 Date signed Oct. 31.

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

34, 34, 34

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 Francis Williamson

Licensed Embalmer No. 5565

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, fact should be so stated above.