

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Barnes Hospital, 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Ill.** (b) County **Edwards**
(c) City or town **Albion**
(If outside city or town limits, write "RURAL")
(d) Street No. **N.R.** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BARTON RAMSEY**
(b) If veteran, name war **Worldwar I** (c) Social Security No. **none**
4. Sex **Male** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Grace Ramsey**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **June 16 1894**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **11**
year **1948** hour **1** minute **05 A.M.**
21. I hereby certify that I attended the deceased from **June 9, 1948**, to **June 11, 1948**
that I last saw him alive on **June 11, 1948**
and that death occurred on the date and hour stated above.
Immediate cause of death **Cause undetermined**
Duration _____

8. AGE: Years **54** Months **4** Days **25**
If less than one day _____ hr. _____ min.
9. Birthplace **Wayne Co. Ill.**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **Merchant**
11. Industry or business _____
12. Name **John Ramsey**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Bliss Nicholson**
15. Birthplace **Cincinnati, Ohio**
(City, town, or county) (State or foreign country)
16. (a) Informant **Dr. Portner**
(b) Address **Albion Ill.**
17. (a) **Burial** (b) Date thereof **6-13-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Graceland Albion Ill.**
18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**
19. (a) **J. F. Bredack** (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: **Carcinoma of Pancreas**
Of operations _____
Of autopsy _____
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 **David R. Oliver** (M. D. or other) **MD**
Address **Barnes Hospital** Date signed **6/10/48**

MOTHER FATHER

1948

1150

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 *Frank J. [Signature]*
Licensed Embalmer No. *2675*
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.