

Registration District No. 318

Primary Registration District No.

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:
3939 Blair Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 22 years years, months or days)

3. (a) PRINT FULL NAME John W. Ramshur

(b) If veteran, name war None (c) Social Security No. 20

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Ramshur 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept. 4 1876
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Shelby County Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Watchman

11. Industry or business Landis Machine Co.

MOTHER FATHER { 12. Name Wm. Bolen
13. Birthplace Unk. / N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Rowel
15. Birthplace Unk. / S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Ramshur
(b) Address 3939 Blair Ave
17. (a) Burial (b) Date thereof 6/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Suedmeyer & Son's
(b) Address 3034 N. 20 Street
JUN 28 1948
19. (a) _____ (b) J. F. Brennan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3939 Blair Ave 9
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1948 hour 12 minute 33 A. M.

21. I hereby certify that I attended the deceased from 1945 19 June 18 to June 26 19 48
that I last saw her alive on June 15 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral anoxia Duration 5 days

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 _____
23. Signature Chas. Post (M. D. or other) M.D.
Address 3500 N. Grand Date signed 6/26/48

For 2-6-72

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 Neville B. Tholbert

Licensed Embalmer No. 3696

P. O. Address 3321 1/2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.