FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. 316

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21246

Registrar's No. 5521

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 100
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 1820 Nebraska (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George C. Ramsey
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widower
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 12 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
67	3	3	hr. min.

9. Birthplace: Louisville (City, town, or county) Ky. (State or foreign country)
10. Usual occupation: Freight Claim Agent
11. Industry or business: R.R.

FATHER
12. Name: Alfred V. Ramsey
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret S. Cotton
15. Birthplace: Indiana (City, town, or county) (State or foreign country)

16. (a) Informant: Martha Tatum
(b) Address: 1820 Nebraska
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus
18. (a) Signature of funeral director: John L. Ziegenhein & Sons
(b) Address: 7027 Grayois Ave.
19. (a) JUN 18 1948 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1948 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 6, 1948, to June 15, 1948; that I last saw him alive on June 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute suppurative nephritis, bilateral, with	months
Due to: Acute perinephric abscess on left.	
Due to:	
Other conditions (include pregnancy within 3 months of death):	

Major findings:
Of operations: --
Of autopsy: as above

PHYSICIAN
Underline the cause of 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) Manner of injury: --

23. Signature: W. Baumgarten (M.D. or other) W. Baumgarten Jr. M.D.
Address: 3720 Washington Blvd. Date signed: 6/17/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 D Owen

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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

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