

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25188**  
**5779**

FILED JUL 21 1950

REG. DIST. **318**

PRIMARY REG. DIST. **1003**

Registration No. **5779**

BIRTH NO. _____		REG. DIST. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registration No. <b>5779</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay 23.</b>		<b>4870</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>214 E. Velma Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b> b. (Middle) _____ c. (Last) <b>Rambicourt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 1, 1950</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Jan. 16, 1866</b>		9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>15</b>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Iron worker</b>		11. BIRTHPLACE (State or foreign country) <b>France</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Peter Rambicourt</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Koehler</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Rambicourt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Rambicourt</b> ADDRESS <b>214 E. Velma</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bladder</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b> <b>10 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>181X</b>					
22. I hereby certify that I attended the deceased from <b>July 6, 1949</b> , to <b>July 1, 1950</b> , that I last saw the deceased alive on <b>July 1, 1950</b> , and that death occurred at <b>11:00</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Mitchell L. Bartnick</b> (Degree or title) <b>M. L.</b>				23b. ADDRESS <b>7629 So. Broadway</b>		23c. DATE SIGNED <b>7/3/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7-5-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 4 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Resator</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Undtk. Co.</b> ADDRESS <b>7420 Michigan</b>			

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

Widow

X

*Bartwick*

---

---

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*W E Morris*

Licensed Embalmer No. 3360

P. O. Address.....

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.