

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.	c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (EAST ST. LOUIS)	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 1142 GATY	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) BEN		b. (Middle) _____	
c. (Last) RAMER		10/10/50	

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married (✓)	8. DATE OF BIRTH 12/22/90	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) EAST ST. LOUIS, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME BEN RAMER, SR.	13b. MOTHER'S MAIDEN NAME LOU KATY	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. 331166397	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY FIBROSIS		II. OTHER SIGNIFICANT CONDITIONS		4/200
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) _____		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from 10-5-50, 19 , to 10-10-50, ~~from the date stated above~~ and that death occurred at 5:25 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> Acting Chf. (Degree or title) Prof. Servics M.D.	23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 10-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (✓)	24b. DATE Oct 13, 1950	24c. NAME OF CEMETERY, OR CREMATORY NATIONAL-JEFF. BRKS, MO.	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.
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DATE REC'D BY LOCAL REG. 10-13-50	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER	ADDRESS U&L COMPANY, St. Louis, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Louis C. Hoffmeister*

Licensed Embalmer, No. 3871

P. O. Address 7814 S. Broadway

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.