

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0995**

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, Mo.</b>		c. LENGTH OF STAY (In this place) <b>3 DOA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Enroute City Hospital 2167</b>		STREET ADDRESS (If rural, give location) <b>4259 Connecticut St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Georgianna</b>		b. (Middle) <b>O.</b> c. (Last) <b>Ramsey</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 28, 1955</b>		5. SEX <b>Female</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Dec. 22, 1888</b>	
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Board Of Education</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Watervliet, N. Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Ramsey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Murray</b>	
14. NAME OF HUSBAND OR WIFE <b>Nil.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No. Nil.</b>	
16. SOCIAL SECURITY NO. <b>494-32-3324</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thomas M. Brady P. A. Civil Cts Bldg</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Exposure to Cold;</b> <b>Cardiac Hypertrophy</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>E9329</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:59</b> m., from the causes and on the date stated above. <b>40</b>	
22a. SIGNATURE (Degree or title) <b>Patricia P. Taylor Corcoran</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>2-2-55</b>		23. SIGNATURE (Degree or title) <b>Albert H. Hoppe</b>	
23. ADDRESS <b>4700 Washington.</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>2-4-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>		DATE REC'D BY LOCAL REG. <b>FEB 2 1955</b>	
REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington.</b>	

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John S. Dennis*  
Licensed Embalmer No. *419*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.