

FILED DEC 13 1955

STANDARD CERTIFICATE OF DEATH

39260

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2708

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u>	
c. LENGTH OF STAY (in this place) <u>38 yrs. 5 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>7301 St. Charles Rock Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Stephen Ramatowski</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Oct. 28, 1885</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RELIGIOUS</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RELIGIOUS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brother Passionist</u>		11. BIRTHPLACE (State or foreign country) <u>Russia, Poland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Poland</u>					

13a. FATHER'S NAME <u>Frank Ramatowski</u>		13b. MOTHER'S MAIDEN NAME <u>Balvina Pristalski</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Vincent's Hospital</u>	
				ADDRESS _____	

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) <u>Uremia</u>				<u>6 weeks</u>	
ANTECEDENT CAUSES <u>Prostatic Hypertrophy</u>				"	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		Years	
		DUE TO (c) <u>Generalized Arteriosclerosis</u>		"	
II. OTHER SIGNIFICANT CONDITIONS <u>Schizophrenic Reaction, Paranoid Type</u>				"	
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>610X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 1-1-, 19 48, to 11-17-, 19 55, that I last saw the deceased alive on 11-17-, 19 55, and that death occurred at 8:05P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Dauter</u> (Degree or title)? _____		23b. ADDRESS <u>7301 St. Charles Rock Rd.</u>		23c. DATE SIGNED <u>11-17-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/19/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St ANN'S Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>NORMANDY, MO</u>	
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DATE REC'D BY LOCAL REG. <u>11-18-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombro</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pullen Kelly</u>		ADDRESS <u>7267 Natl Bridge</u>	
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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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *James A. Lammer*

Licensed Embalmer No. *4142*

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