

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016332
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar 2317

Health, Welfare & Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

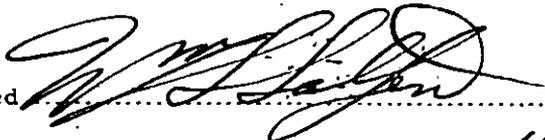
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
38. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital			Length of stay in lb		27 (If outside, give location) d. STREET ADDRESS 726 Berick Drive			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Fred Middle R Last Ramsen			4. DATE OF DEATH Month 4 Day 18 Year 58								
5. SEX M. 0 W.		6. COLOR OR RACE W.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 7th. 1901		9. AGE (In years last birthday) 57			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufactor Agent.		10b. KIND OF BUSINESS OR INDUSTRY Fred R. Ramsen Asste		11. BIRTHPLACE (City and state or country) Demark 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Ramus Rasmussen				14. MOTHER'S MAIDEN NAME Christine Von Breitsen							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 493-07-1515		17. INFORMANT Address Virginia Ramsen 726 Berick Drive							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suffocation by Drowning</i>								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		E 29.8		42					
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Track time on or about</i>									
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>											
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>December 19, 1957. Cause and manner of same could not be determined</i>									
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN OR LOCATION <i>St. Louis Mo</i>		COUNTY STATE <i>Mo 000</i>			
21. I attended the deceased from <i>6:30 p.</i> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated											
22a. SIGNATURE <i>James M. Kelly</i>								22b. ADDRESS <i>31300 Clark</i>		22c. DATE SIGNED <i>4-7-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>4/20/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Vainhalla Crematory</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>					
24. FUNERAL DIRECTOR <i>Arthur G. Donnelly</i>			ADDRESS <i>3840 Lindell Blvd.</i>			25. DATE RECD. BY LOCAL REG. <i>APR 21 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>			

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 .....

Licensed Embalmer No. 46

P. O. Address 38409

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.