

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21210

1. PLACE OF DEATH

County..... Registration District No. 708
Township..... Primary Registration District No. 1003
City St. Louis Mo (No.), Sanitarium St. Ward)

File No.
Registered No. 4985
St. Ward)

2. FULL NAME

Lloyd Ring
(a) Residence, No. 5524 Dugan St. 13 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Ring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>61</u>	<u>4</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME John Ring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barfield Point Arkansas

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Clifford A. Schriesing
(ADDRESS) 5700 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matrons Cem. DATE JUNE 8, 1933

19. UNDERTAKER Jay B. Smith Uva. Co.
(ADDRESS) 7456 Manchester Ave.

20. FILED N 8 1933
J. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1933

22. I HEREBY CERTIFY, that I attended deceased from Jan 16, 1933 to June 6, 1933
I last saw him alive on June 6, 1933 Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

93C
Chronic Myocarditis 1/14/33
Arterio Sclerosis 1/14/33
Other contributory causes of importance: +

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Clifford A. Schriesing, M. D.
(Address) 5700 Arsenal

WHITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

