REC'D JUN 9 1938

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

791
1008

16452
Do not use this space.

1. PLACE OF DEATH St Louis Mo

(a) County ..... Registration District No. 1

(b) Township ..... Primary Registration District No. ..... Registered No. 4313

(c) City ..... (d) Street No. 2819 Sheridan St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DAVID RITCHIA 320

(a) Residence, No. 2819 Sheridan St. 21

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1-1879

7. AGE: Years 59 | Months 4 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as saw mill, bank, etc. Parking lot atten

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Santa Fe Mo

FATHER

13. NAME Geo Ritchia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Virginia Link

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

17. INFORMANT (ADDRESS) Walter Ritchia 2819 Sheridan

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 5-11 1938

19. FUNERAL DIRECTOR (ADDRESS) Ellen Loving 3064 Thomas Street

20. FILED MAY 11 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1938

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to May 6th, 1938

I last saw him alive on May 5th, 1938. Death is said to have occurred on the date stated above at 11:30 a.m.

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

Hypertensive Heart Disease — Date of onset 3-22-38

Other contributory causes of importance:

Chronic Gastritis

Name of operation None Date of —

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) Robert W. Scott, M.D.

(Address) 9839 Dickson St.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Raymond E. Gehrke, Licensed Embalmer No. 3985

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

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.)