

NOV 16 1938

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

33699
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred 360 yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. Homer Phillips Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8685

2. PRINT FULL NAME

Ollie Ritter
(a) Residence, No. 113 So. Leonard St. 18
(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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6th 1885
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 11 23
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. Laundress
10. Date deceased last worked at this occupation (month and year) September, 1938
11. Total time (years) spent in this occupation Unk.

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

FATHER 13. NAME George Albott

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

MOTHER 15. MAIDEN NAME Marie Heerd

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

17. INFORMANT (ADDRESS) Evelyn Phillips
2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Oct. 4, 1938

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Gates
4107 Finney Avenue

20. FILED OCT 4 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/17/38, 19... to 9/29/38, 19...
I last saw her alive on 9/29/38, 19... Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Broncho-Pneumonia Date of onset 9/17/38

Other contributory causes of importance: Unknown

Name of operation..... 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?.....
If so, specify Yes
(Signed) H. J. Lyman M. D.
(Address) 2601 N. Whittier

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, James A. Johnson, Licensed Embalmer No. 3522
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed James A. Johnson
Licensed Embalmer No. 3522

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.)