WRITE PLAINLY, 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.

I X16605

LEGD APR 12 1939

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

8813
Do not use this space.

791
1003
2578

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003

(b) Township or City St. Louis Mo. 1 Primary Registration District No. Registered No. 2578

(c) (d) Street No. 4021 Gelmar Blvd. 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 359 Katherine Rittenhouse

(a) Residence, No. 4021 Delmar Blvd. St. 19
(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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1 1859.

7. AGE: YEARS 80 | MONTHS 0 | DAYS 16 | 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.: Retired Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bridgeton Mo. 0

FATHER
13. NAME: Henry Small 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 1 0

MOTHER
15. MAIDEN NAME: Nancy Mc Mannany
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. B B Kelley Brentwood.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemtery DATE: March 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Jay B Smith Funeral Home 7456 Manchester Ave.

20. FILED: MAR 18 1939, 19 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/17, 1939

22. I HEREBY CERTIFY, That I attended deceased from about Feb 15th, 1939, to 3/15, 1939
I last saw her alive on 3/15, 1939. Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appoplexy	

Other contributory causes of importance: general debility incident to age

Name of operation: none 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? no
If so, specify —
(Signed) D. O. W. Hare M. D.
(Address) 1725 S. Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.