

REC'D MAY 1 0 1939

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

12737  
Do not use this space.

791  
1008

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis (d) Street No. 5446 Finkman 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.

Registered No. 3079

2. PRINT FULL NAME

324 Augusta Ritzel  
(a) Residence, No. 5446 Finkman St. 2  
(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 Adam Ritzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
76 2 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as an lawyer, bookkeeper, etc. House Work  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Hollow Mo.

FATHER 13. NAME John Holderieth  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Arthur Ritzel  
5446 Finkman

18. BURIAL, CREMATION, OR REMOVAL PLACE Waterloo Ill. DATE April 3 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Schumacher  
3013 Meramec St.

20. FILED APR 1 1939 J. F. Bredich  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1939

22. I HEREBY CERTIFY, That I attended deceased from March 29<sup>th</sup>, 1939, to March 31<sup>st</sup>, 1939.  
I last saw her alive on March 31<sup>st</sup>, 1939. Death is said to have occurred on the date stated above, at 12:40 P.M.

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

Gen. arterial sclerosis Date of onset 5 yrs.  
Cerebral Embolus 3 da's

Other contributory causes of importance:  
Cerebral Embolus 3 da's

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) Burton Behanover, M. D.  
(Address) 2602 S. Grand Bl

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.

2602 S Grand

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, .....

*Clarence Kochow*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *Clarence Kochow*

Licensed Embalmer No. *3093*

P. O. Address *3013 Miramonte*

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.)

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