

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100813093
Do not use this space.

3435

Registered No.

PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 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

57A Warren Ring
 (a) Residence, No. 2808 North Union St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Catherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 24

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. nil
 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) Indiana

FATHER 13. NAME Garrett Ring

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

MOTHER 15. MAIDEN NAME Louise Hudson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT (ADDRESS) Hosp. Infom. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE April 15th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ... John J. A. Barrett
2819 Union Ave

20. FILED APR 14 1939 J. P. Budek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/12/39 19...

22. I HEREBY CERTIFY, That I attended deceased from 4/10/39 to 4/12/39, 19...

I last saw him 4/12/39 to 4/12/39, 19... Death is said to have occurred on the date stated above, at 5.15 a m.

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

Arterio Sclerotic Heart Disease
(Decompensated)

Other contributory causes of importance: 95

Name of operation Date of
 What test confirmed diagnosis? A. + P. Was there an autopsy? Yes

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 1939

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify William Sapsen, M. D.

(Signed) William Sapsen (Address) City Hospital No. 1

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

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address

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.