

REC'D AUG 11 1939 791
Registration District No. 1003 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days
(Specify whether _____)
In this community 8 years
years, months or days

3. (a) PRINT FULL NAME Lucile Marie Ringgenberg
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife G. Calvin Riggerberg 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased April 17, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 2 15 hr. _____ min.

9. Birthplace Monance, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER { 12. Name John Anderson
18. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature G. Calvin Ringgenberg
(b) Address 605 Clara Ave.

17. (a) Removal (b) Date thereof July 3, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ames, Iowa

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) III 3 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 12
(d) Street No. 605 Clara Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1939 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 16, 1939, to July 2, 1939, that I last saw her alive on July 2, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Suppression of Urine
Acute Bilateral Pyelonephritis
Due to Chronic Glomerulo Nephritis Uremia, Toxemia, Septicemia
Due to Chronic myocarditis

Duration
10 days
years

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Scarred Kidney of Chronic Glomerulo Nephritis (Small Contracted Kidney)

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature Daniel M. Spilling (M. D. or other) M.D.
Address 4500 Olive Street Date signed 7-2-39

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.

5881

5881

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. Wm. Dunkley*.....

Licensed Embalmer No. *3653*.....

P. O. Address *St. Louis Mo.*.....

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.

6075 Delmar

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

23608

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township St Louis Primary Registration District No. 1003 Registered No. 3881
(c) City St Louis (d) Street No. 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 Lucile Marie Ringgenberg

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calvin Ringgenberg I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
41 2 15

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

OCCUPATION 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Other contributory causes of importance:
13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Name of operation Date of...
15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT (ADDRESS) 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.

18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury

19. FUNERAL DIRECTOR (ADDRESS) 24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED 7-25-39 1939 J. F. Budack (Signed) David M. Spilling, Jr. (Address) 4500 Olive St

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

