

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30064

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7341

REC'D OCT 25 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. 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:  
City Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Hours.  
(Specify whether  
In this community About 40r Years.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis. 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2720 N. 11th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1  
year 1940 hour 2:20 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cancer of the Prostate  
(Benign Malignant)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_ 50

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_ 5

23. Signature Joseph M. Duran (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Alice Ritter.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Joe Ritter. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased About 1868.  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
About 71. hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tennessee.  
(City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation Unemployed.

11. Industry or business \_\_\_\_\_

12. Name D. P. Whitney.

13. Birthplace Unknown.  
(City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name Unknown Joran.

15. Birthplace U known.  
(City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Ruth Burstein.

(b) Address 2617 N. 14th. St.

17. (a) Burial (b) Date thereof 9-3-40.  
(Burial, cremation, or removal) \_\_\_\_\_ (Month) (Day) (Year) \_\_\_\_\_

(c) Place: burial or cremation St. Johns cem.

18. (a) Signature of funeral director Hy. Leidner Wood Co.

(b) Address 2223 St. Louis Ave.

19. (a) SEP 2 1940 (b) \_\_\_\_\_  
(Received by Registrar) \_\_\_\_\_

**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

*John P. Burchard*

Licensed Embalmer No. 1470

P. O. Address 2773 Solon Ct

**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.**