

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's 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:  
**Barnes Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Charles Raymond Ritter**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Catherine**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **Sept. 1 1896**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>44</b>	<b>0</b>	<b>4</b>	_____ hr. _____ min.

9. Birthplace **Pinckneyville Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Brick Mason**

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

12. Name **George Ritter**

13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Blume**

15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frieda Pursell**

(b) Address **206 St. Louis Ave.**

17. (a) **Removal** (b) Date thereof **9-6-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pinckneyville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (b) **SEP 6 1940** (c) **J. J. Proctor**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Perry**

(c) City or town **Pinckneyville** **NR**  
(If outside city or town limits, write "RURAL")

(d) Street No. **503 Mill 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 **5**  
year **1940** hour **6:30** minute **P.** M.

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

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of 4th Cervical vertebra, suffered**  
**Due to fall from scaffold**  
**while working at Pinckneyville**  
**Illinois on the 4th day**  
**of September about 10:45 A.M.**

Other conditions **caused by same**  
(Include pregnancy within 3 months of death)

Major findings: **could not be determined**

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 **NR**

(c) Where did injury occur? **NR** (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 **J. J. Proctor** (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

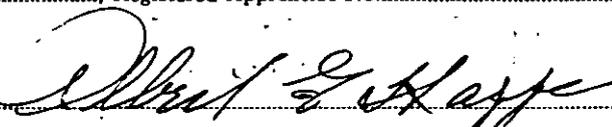
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

791 OCT 1940

**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..... 2971

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, fact should be so stated above.**