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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791 1003

State File No. 33958

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 8655

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:
3510 Miami Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Seventy-five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3510 Miami Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary McGrath Ritchie

3. (b) If veteran, name war none

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 Frank. A. Ritchie

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

7. Birth date of deceased Jan. 27 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	8	22	_____ hr. _____ min.

9. Birthplace Prairie De Rocher (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Michael McGrath
13. Birthplace _____ (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Hanna Flaherty
15. Birthplace _____ (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Julia Ritchie
(b) Address 3510 Miami Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22 40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas J. Tinian
(b) Address 1519 South Grand Blvd

19. (a) OCT 21 1940 (Date received local registrar) (b) J. F. Ardeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1940
year 1940 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from 1937 to about May 30, 19__ to 1938, 19__;
that I last saw her alive on May 30, 1938
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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

23. Signature Norman C. Edwards (M. D. or other)
Address 3140 S Grand Date signed Oct 20 1940

(Licensed Embalmer's Statement on Reverse Side)

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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