

FILED MAR 25 1941 791

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **1367**

**1. PLACE OF DEATH:**

(a) County St. Louis mo.  
(b) City or town St. Louis mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Frisco Hospital, 4960 Laclede  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 days  
(Specify whether years, months or days)  
In this community 15 days

8. (a) PRINT FULL NAME William Henry Ritter

3. (b) If veteran, name war none 3. (c) Social Security No. 702-03-5774

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marie Estella Ritter 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 16 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>26</u>	hr. min.

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

10. Usual occupation switchman

11. Industry or business Railroad

12. Name John Ritter

13. Birthplace Bernmarry 4  
(City, town, or county) (State or foreign country)

14. Maiden name Jarah P. Sted.

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

16. (a) Informant Mrs. Marie Estella Ritter

(b) Address 2114 N. Franklin Springfield Mo.

17. (a) Removal (b) Date thereof 2-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director W. H. Hoppe

(b) Address 4700 Washington St.

19. (a) FEB 11 1941 (b) J. W. Bredek  
(Date of local filing) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County Greene  
(c) City or town Springfield Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2114 N. Franklin St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 11  
year 1941 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1-27  
1941 to 2-11 1941  
that I last saw him alive on 2-10 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 36 hrs.

Due to: cholecystectomy & herniotomy

Other conditions 126  
(Include pregnancy within 3 months of death)

Major findings: ball stones, hernia at inguinal  
Of operations none  
Of autopsy none

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 0

23. Signature W. H. Hoppe (M. D. or other) M.D.  
Address 4960 Laclede St. Springfield Mo. Date signed 2-11-41

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

**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 *Walter W. Wapner*

Licensed Embalmer No. *1861*

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.**