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

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MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13133

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 3563

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5252 Delmar Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 7 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 912 (If outside city or town limits, write "RURAL")

(d) Street No. 5252 Delmar Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Olive M. Ritter

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 Irvin Edgar Ritter

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December (Month) 2 (Day) 1873 (Year)

8. AGE: Years 67 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Wesley Smally

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

14. Maiden name Anna E. Duckett

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

16. (a) Informant Anne Ritter

(b) Address 5252 a Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April-28-41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director P Miceli-Son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) APR 25 1941 (Date received local registrar) (b) J. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24 year 1941 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan 3 1941 to Apr 24 1941, that I last saw her alive on Apr 23 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and Arteriosclerosis — Duration

Due to

Due to

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

Major findings: Of operations

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. H. Kilker (M. D. ~~or other~~)

Address 3121 N. Grand Date signed 4/25/41

(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~~ and Anthony J. Miceli, Registered Apprentice No. 276 working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, Mo

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

If this body is not embalmed, fact should be so stated above.