

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6383

1. PLACE OF DEATH

(a) County: St. Louis, Mo.

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

(c) Name of hospital or institution: 3116 Glasgow Ave/ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 65 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000  
17

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 209

(d) Street No.: 3116 Glasgow Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Clara Ritter

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4 year 1941 hour 9:00 AM minute M

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

6. (b) Name of husband or wife: late Harry Ritter 6. (c) Age of husband or wife if alive: 15 1875 (Month) (Day) (Year)

7. Birth date of deceased: Aug. (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from: Nov 1938 to Aug 4 1941

that I last saw her alive on: July 22 1941 and that death occurred on the day and hour stated above.

Immediate cause of death: Coronary thrombosis

8. AGE:	Years	Months	Days	If less than one day
65	11	19	hr.	min.

Due to: Angina pectoris 5 yrs

Due to: Chr. Myocarditis 8 yrs

9. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housework

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

Major findings: Of operations: [Handwritten notes]

Of autopsy: [Handwritten notes]

PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business:

MOTHER FATHER { 12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: William Ritter (b) Address: 3116 Glasgow Ave.

17. (a) Burial (b) Date thereof: Aug. 6th. 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peters

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?

18. (a) Signature of funeral director: Henry Leidner Und. Co. (Specify type of place)

(b) Address: 2223 St. Louis Ave. (c) Method of injury

19. (a) AUG - 4 1941 (Date received local registrar) (b) J. T. Friedrich (Registrar's signature)

23. Signature: [Handwritten Signature] (M. D. or other) 0

Address: 3126 N. Grand Date signed: 8-4-41

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.....

*John P. Bushholz*

Licensed Embalmer No. *1604*

P. O. Address..... *7723 So. Louis P.*

**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.**