

No. 2
1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 8 1941

COPY
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 360623

Registration District No. 780

Primary Registration District No. 111

Registrar's No. 2210

1. PLACE OF DEATH:

(a) County Madison

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

(c) Name of hospital or institution:
St. Marys Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town LeMay
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. 8 (If rural, give location)

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

3. (a) PRINT FULL NAME Joseph C. Ritter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 16th 1941, to Oct 16, 1941,
that I last saw him alive on Oct 16, 1941,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary Ritter 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased. July 15 1890
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Due to Pneumonia Heart Disease _____

Due to Myocardial Infarction _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

51	3	2	hr. min.
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations g2b

Of autopsy _____

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

10. Usual occupation merchant

11. Industry or business own business

12. Name Adam Ritter

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

14. Maiden name Mary Morerander

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

16. (a) Informant Mary Ritter

(b) Address R Mattese Mo.

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? _____

17. (a) _____ (b) Date thereof Oct. 20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MATTESE, MO

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) NOV 4 1941 (b) _____ (Registrar's signature)

(Specify type of place) _____ (e) Means of injury 0

23. Signature J.P. Prema (M. D. or other) _____

Address 529 9th St Date signed 11/14

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

996
8
20

NOV 6 1941

Remains of a -
Humboldt Co.

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 *Oliver D. Pendle*

Licensed Embalmer No. 4148

P. O. Address *Jenny*

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.