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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37128

State File No. 9358

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

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:
DePaul Hospital. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 26

(c) City or town 1St. Louis St.
(If outside city or town limits, write "RURAL")

(d) Street No. 1820 Warren St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Otis Rittenhaus.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 24 1895
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	2	0	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Constable.

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Damm.
(b) Address 3444 Klocke St.

17. (a) Burial (b) Date thereof 11-27-41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) NOV 25 1941 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1941 hour 8 P.M. minute M.

21. I hereby certify that I attended the deceased from September 8, 1941, to November 24, 1941;
that I last saw him alive on November 24, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Perforated Sigmoid Colon	2-3 days.
Due to: Obstruction of bowel.	5 days.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Perforated Sigmoid colon
Bowel Obstruction Probably malignant
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

23. Signature Arthur Gredler (M. D. or other) M.D.
Address 2202 University Date signed 11/25/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Lundblad.

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 Homer L. Ponder

Licensed Embalmer No 3367

P. O. Address 2223 St. Louis Ave

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

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