

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: Lutheran Convalescent Home  
(d) Length of stay: In hospital or institution 3 months  
In this community 4 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 3870 Wyoming  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Henry Ritgerod  
(b) If veteran, name war  
(c) Social Security No. 489-12-1717

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Marie L.  
6. (c) Age of husband or wife if alive 14 years  
7. Birth date of deceased April 14 1876

8. AGE: Years 66 Months 1 Days 26  
If less than one day hr. min.

9. Birthplace Cape Girardeau Missouri

10. Usual occupation Clothing Business

11. Industry or business

12. Name Christian Ritgerod  
13. Birthplace Germany  
14. Maiden name not known  
15. Birthplace Germany

16. (a) Informant Marie Ritgerod  
(b) Address 3870 Wyoming

17. (a) Burial Sunset Burial Park  
(b) Date thereof 6-13-42  
(c) Place: burial or cremation

18. (a) Signature of funeral director John J. Berger  
(b) Address 7027 Gravois Ave

19. (a) JUN 12 1942  
(b) J. J. Berger  
(c) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1942 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from June 10 1942 to June 10 1942  
that I last saw him alive on June 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to hypertension nephritis

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration

2 yrs 2 mos

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John A. Berger (M. D. or other)  
Address 3115 So Grand Date signed 6/14/42

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

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17  
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**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.....

*E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Grandis*

**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.**