

FILED JAN 13 1942 818

Registration District No. ....

Primary Registration District No. 100

Registrar's No. 11030

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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 Days  
In this community 50 Years.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 12  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1421 Monroe St.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Christian Ringpfel

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. Married  
6. (b) Name of husband or wife. Margaret Ringpfel 6. (c) Age of husband or wife if alive. 57 years  
7. Birth date of deceased. March 26 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 9 5 hr. min.

9. Birthplace. Nashville, Tennessee.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Invalid 12 Years.

11. Industry or business.....

MOTHER FATHER  
12. Name Charles Ringpfel  
13. Birthplace Germany. 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Madaline Colman.  
15. Birthplace Switzerland. 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Ringpfel.

(b) Address 1421 Monroe.

17. (a) Burial (b) Date thereof. 1-4-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Johns Cem.

18. (a) Signature of funeral director. Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave

19. (a) Jan 31 1942 J. F. Brudek  
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31.  
year 1942 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from December 28. 1942, to December 31. 1942, that I last saw him alive on December 31. 1942, and that death occurred on the date and hour stated above.

Immediate cause of death. Arteriosclerotic heart disease

Due to coronary occlusion

Due to .....  
Other conditions (Include pregnancy within 3 months of death) 9/2

Major findings: Of operations.....  
Of autopsy Refused

Duration

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?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Carl J. Schmitt (M. D. or other).....  
Address 1515 Lafayette Avenue. Date signed 12/31/42

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

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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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Av

**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.**