V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39238

Primary Registration District No. 1003

Registrar's No. 19443

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2104 Sidney St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 4 years

2. USUAL RESIDENCE OF DECEASED: 000

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

(c) City or town St. Louis 623
(If outside city or town limits, write "RURAL")

(d) Street No. 2104 Sidney St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mathilda Marie Ritter

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife Emil Ritter

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased June (Month) 26 (Day) 1872 (Year)

8. AGE: Years 70 Months 5 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Darmstadt (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER

12. Name Jacob Miller

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

14. Maiden name Katherine Wedel

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

16. (a) Informant Emil Ritter

(b) Address E. St. Louis, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13/1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Evangelical

18. (a) Signature of funeral director Josephine Thomas Schmidt

(b) Address Columbia, Illinois

19. (a) DEC 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 9th year 1942 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from August 26, 1942 to Dec 9, 1942, that I last saw her alive on Dec 9, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Interstitial Nephritis Chronic	
Cause not determined	3 Months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?

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

23. Signature Fred W Rolling MD (M. D. or other)

Address 2125 Sidney Date signed 12/11/42

(Licensed Embalmer's Statement on Reverse Side)

10443

10443

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben H Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.