

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19328
Registrar's No. 4

FILED JUN 11 1943

Registration District No. 363 Primary Registration District No. 4236

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

1. PLACE OF DEATH:
(a) County WARREN
(b) City or town RURAL CHARRETTE
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 23 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WARREN
(c) City or town RURAL
(d) Street No. TWO MILES WEST OF MARTHASVILLE
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALVINA Louise Ridder
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE 5. Color or race white
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Wm C Ridder
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased August 8th 1880 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April 15 day April year 1943 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from December 10 1936 to April 15 1943
that I last saw her alive on April 15 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 8 Days 7 If less than one day hr. min.

Immediate cause of death
Acute myocarditis
Due to chronic myocarditis with decompensation
Duration 7 yrs

9. Birthplace MARTHASVILLE Mo. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name WILLIAM OFFEL
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name Louise Baurichter
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Oliver C. Ridder
(b) Address Millers, MO.
(c) Place: burial or cremation
(a) Burial (b) Date thereof April 18 1943 (Month) (Day) (Year)

18. (a) Signature of funeral director Fred W. Light
(b) Address Marthasville Mo
19. (a) April 17 1943 (Date received local registrar)
(b) Ethel Kehr (Registrar's signature)

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 I. N. Schurds (M. D. or other)
Address Marthasville, Mo Date signed 4-16-43

1263

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 Paul Wichterberg
Licensed Embalmer No. 1381
P. O. Address Merthasville, Mo

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.