

FILED DEC 29 1943

318

Registration District No.

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:  
4380 Laclade 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 years 6 mo.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4380 Laclade Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KATHERINE RITZEL

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 8 1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 2. If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Ferdinand Geiger

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

14. Maiden name not known

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

16. (a) Informant Gust Ritzel

(b) Address 4380 Laclade Ave St. Louis Mo.

17. (a) Menstrual Ill. (b) Date thereof Nov 10 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Menstrual City Cem.

18. (a) Signature of funeral director Emmet B. Moll

(b) Address Muston Cal. Ill.

19. (a) DEC 14 1943 (b) J. F. Mudgett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th  
year 1943 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from Oct. 29, 1943, to Dec. 10, 1943;  
that I last saw her alive on Dec. 10, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative chronic myo-carditis  
Due to age

Other conditions chronic nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. James Auer (M.D. or other) \_\_\_\_\_  
Address 4390-Lindell, St. Louis Mo. Date signed 12/14/43

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

MOTHER FATHER

EGOTT

EGOTT

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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 Not Embalmed Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.