

Registration District No.

Primary Registration District 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:  
3417 N. 14 th Str /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3418 Klein Str  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Herbert Ring

3. (b) If veteran, name war 3. (c) Social Security None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Ring 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Jan 24 (Month) Th (Day) 1902 (Year)

8. AGE: Years 42 Months 3 Days 15 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Meat Market

12. Name Joseph Ring

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

14. Maiden name Elisabeth Bruegeman

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

16. (a) Informant Virginia Ring

(b) Address 3418 Klein Str 1944

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N14 Th Str

19. (a) FEB 17 1944 (Date received local registrar) (b) Jo F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1944 hour 8 minute 30 AM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage due to Gun shot wound in head self inflicted in the rear of his Due to Grocery and meat Market at 3417 MO 214a St on 2-16-44 Due to at about 8:30 am

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 164 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) Suicide

(b) Date of occurrence 2-16-44

(c) Where did injury occur? St. Louis MO (City or town) (County) (State)

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

While at work: yes (Specify type of place) Means of injury Gun shot

Signature Alfred J. Wiley (M. D. or other)

Address Supply room Date signed 2/17/44

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

MOTHER FATHER

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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, *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *732 Lemayhurst.*

**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.**