

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 16

FILED JUN 14 1945

Registration District No. 114

Primary Registration District No. 486

1. PLACE OF DEATH: Franklin  
 (a) County Franklin  
 (b) City or town Sullivan Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Northside Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 days (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Franklin  
 (c) City or town Grey Summit  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Henry Ringkamp  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 22  
 year 1945 hour 10 minute 11 A. M.  
 21. I hereby certify that I attended the deceased from May 15  
1945 to May 25 1945  
 that I last saw him alive on May 25 1945  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Elizabeth Ringkamp 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 3 19 45  
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 76 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations glauc  
 Of autopsy \_\_\_\_\_

9. Birthplace St. Louis Mo  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Retired

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 \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Martin Ringkamp  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Decker  
 15. Birthplace St. Louis Mo  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Francis Ringkamp  
 (b) Address Grey Summit, Mo.  
 17. (a) Burial (b) Date thereof 5-28-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Peter & Paul Church  
St. Louis, Mo.  
 18. (a) Signature of funeral director Casey & Henry W. Casey - St. Louis  
 19. (a) 5-26-45 (b) Gilbert Gilman  
 (Date received local registrar) (Registrar's signature)

23. Signature Dr. Cross (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 5/20/45

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

1121

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-13-45

**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

*J. L. Trebley*

Licensed Embalmer No. 3008

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.**