S. No. 2
M—5-43
7. 5-17-39
I X3667

#45727

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29344

FILED SEP 21 1945

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8053

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 173 (If outside city or town limits, write "RURAL")

(d) Street No. 2323 SULPHUR AVE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY RITCHEL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife HENRY

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

7. Birth date of deceased OCT (Month) 10 (Day) 1877 (Year)

8. AGE: Years 67 Months 11 Days 3 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MOO (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

FATHER 12. Name DAVID BITTNER

13. Birthplace ST. LOUIS MOO (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name EFFIE WHITE

15. Birthplace ST. LOUIS O (City, town, or county) (State or foreign country)

16. (a) Informant MRS FLORENCE BONSTELL

(b) Address 7250 GLADES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9 17 45 (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 SOUTHWESTERN HIGHWAY

19. (a) SEP 15 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th year 1945 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from 9/3/45, 19, to 9/13/45, 19; that I last saw her alive on 9/13/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease — Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette Date signed 9/14/45

(Licensed Embalmer's Statement on Reverse Side)

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

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.