

S. No. 2
M-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38597**

Registration District No. **317** Primary Registration District No. **3066** Registrar's No. **2764**

1. PLACE OF DEATH:
(a) County **St. Louis,**
(b) City or town **Kirkwood,**
(c) Name of hospital or institution:
Tammany Nursing Home, 696 W. Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **Kirkwood,** (If outside city or town limits, write "RURAL")
(d) Street No. **# 696 W. Washington,** (If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Mae Rittel.**
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 **Married**
6. (b) Name of husband or wife **George Rittel.** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **June 18 1876**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
69 5 16 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **4**
year **1945** hour **12:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **Dec 1**, 19**45** to **Dec 4**, 19**45**
that I last saw h. **er** alive on **Dec 3**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **1 yr**
Due to **93d**
Due to
Other conditions **Asphyx**
(Include pregnancy within 3 months of death)

9. Birthplace **Indianapolis, Indiana /**
(City, town, or county) (State or foreign country)
10. Usual occupation **at home**
11. Industry or business
12. Name **John Finn.**
13. Birthplace **unknown Indiana /**
(City, town, or county) (State or foreign country)
14. Maiden name **Caroline Hendrichs.**
15. Birthplace **St. Louis, Missouri /**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Hazel Lake.**
(b) Address **4525a Flora Ave.**
17. (a) **Cremation** (Burial, cremation, or removal) (b) Date thereof **12-8-45**
(Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Crematory.**
18. (a) Signature of funeral director **C.R. Lupton & Sons.**
(b) Address **7233 D'Imar Blvd.**
19. (a) **12-8-45** (Date received local registrar) (b) **E. J. McFarland** (Registrar's signature)

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 **E. J. Barnett** (M. D. or other)
Address **243 W. Jefferson, Kirkwood, Mo.** Date signed **12-5-45**

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

MOTHER FATHER

243 W. Jefferson
KI 944
2 to 4 P.M.

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

Don Paul Marler Registered Apprentice No. 381

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, Ill.

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.