

U. S. No. 2
DOM-5-43
rev. 5-17-39
X 36671

FILED JAN 13 1947

Registration District No. 318

Primary Registration District No. 9000

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

1. PLACE OF DEATH:

(a) County St Louis Mo.

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

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 538 E. Jefferson Kirkwood Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Arthur Fred Ritter

3. (b) If veteran, name war _____

3. (c) Social Security 500-16-9916

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lillie Ritter

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 4 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>3</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business J. Joseph Co.

12. Name Louis Ritter

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

14. Maiden name Mary Schuchardt

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

16. (a) Informant Lillie Ritter

(b) Address 538 E. Jefferson Kirkwood mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 2 1947
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ

(b) Address 4828 NATURAL BRIDGE BLVD

19. (a) JAN 24 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29
year 1946 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 9:30 pm on December 28, 1946, to December 29, 1946 and that death occurred on the date and hour stated above.

that I last saw him alive on December 29, 1946

Immediate cause of death Acute pulmonary edema; acute cardiovascular shock; acute intestinal obstruction

Due to _____

Due to Femoral hernia

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy As above

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? 1

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature F. R. Bradley (M. D. or other) MISS
Address Barnes Hospital Date signed 12/30/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MAR 7 1947

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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 John A. Mlinar
Licensed Embalmer No. 486
P. O. Address St. Louis Mo

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.