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147070

FILED JAN 23 1948
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **140**

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:
3515 Ohio Avenue ✓
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Theresa Ringenbach

3. (b) If veteran, name war ---

3. (c) Social Security No. none

4. Sex female / **5. Color or race** white

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

6. (b) Name of husband or wife Joseph A.

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 16th, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>6</u>	<u>18</u>	hr. min.

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

10. Usual occupation home

11. Industry or business.....

MOTHER FATHER

12. Name August Schuchard

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

14. Maiden name Magdalena Frey

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

16. (a) Informant Jeannette Weiss

(b) Address 1501 Holly Dr., Webster Grove, Mo.

17. (a) Burial burial **(b) Date thereof** Jan. 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Keller & Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) (Date received local registrar) JAN 7 1948 **(b) Registrar's signature** J. F. Brudeck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3709 McDonald Avenue
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
 year 1947 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from 10/21/48
 to 1/4, 1947
 at 1/4/47
 that I last saw him alive on.....
 and that death occurred on the date and hour stated above.

Immediate cause of death Immediate Haemorrhage
 following Cancer of Lungs
Cancer Right Breast (Primary)
General Carcinomatosis

Duration
1 hr
1 yr
1 yr

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: CA. Right Breast
 Of operations October 29, 1946
 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?

While at work.....
 (Specify type of place) Means of injury.....

23. Signature W. Simpson (M. D. or other) M. D.
 Address 3739 Gravois Date signed 1/6/48

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..... *P. Frank J. Gland*
Licensed Embalmer No..... *1945*
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.