

No. 2
-15-43
-17-39
X36671

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **232**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4921 Suburban Tract
(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

3. (a) PRINT FULL NAME WALTER E. Ritchie

3. (b) If veteran, name war _____

3. (c) Social Security No. 702-12-4769

4. Sex M. 2 5. Color or race COL.

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

6. (b) Name of husband or wife Julia Ritchie

6. (c) Age of ~~husband~~ or wife if alive 58 years

7. Birth date of deceased: May 3 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Independence MO
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Ritchie

(b) Address 4921 Suburban Tract

17. (a) Burial (b) Date thereof 1-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Thomas

(b) Address 2834 East Ave.

19. (a) JAN 9 1947 (b) J. J. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

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

(d) Street No. 4921 Suburban Tract
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1947 hour 8:30 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1-3/1947
_____ 1947

that I last saw him alive on Jan 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Multiple Arteriosclerosis

Due to _____

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 T. J. Walker (M. D. or other) _____

Address 809 E. Jefferson Date signed 1-7/47

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

[Handwritten Signature]

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.