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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED MAR 15 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

**6937**

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2354**

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

**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:  
**3171a California Ave.**  
(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 \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3171a California Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Larry Edward Ringer**  
**3. (b) If veteran,** name war **No** **3. (c) Social Security No.** **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **5**  
year **1948** hour **3** minute **25** P. M.

**4. Sex** **Male**  **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Infant**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**21. I hereby certify that I attended the deceased from** **March 4**, 19**48**, to **March 5**, 19**48**  
that I last saw **her** alive on **March 5**, 19**48**  
and that death occurred on the date and hour stated above.

**7. Birth date of deceased** **November 13 1947**  
(Month) (Day) (Year)

Immediate cause of death  
**Septicemia**  
**Septic mening acute**

**8. AGE:** Years **0** Months **3** Days **22** If less than one day  
hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) **89**

**10. Usual occupation** **Infant**

Major findings: Of operations \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

Of autopsy \_\_\_\_\_

**12. Name** **Edward Ringer**

**13. Birthplace** **Irondale Missouri**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Catheryn Cummings**

**15. Birthplace** **Elvins Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Edward Ringer**

**(b) Address** **3171a California Ave.**

**17. (a) Burial** (b) Date thereof **3-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Bismarck, Mo.**

**18. (a) Signature of funeral director** **Albert H. Hoppe**

**(b) Address** **4700 Washington Blvd.**

**19. (a) MAR 8 1948** (b) **J. F. Breeden**  
(Date received local registrar) (Registrar's signature)

**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)  
\_\_\_\_\_ (b) Means of injury **C**

**23. Signature** **J. F. Breeden** (M. D. or other) **M-D**

**Address** **27529 Chickpea** **Date signed** **4-3-48**

Duration

**3 days**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 W. W. Wilkerson

Licensed Embalmer No. 3575

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.**