

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32236

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>2241</b>							
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>									
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>		c. LENGTH OF STAY (in this place) <b>87</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>		<b>4870</b>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>I22 E. Cartwright</b>				d. STREET ADDRESS (If rural, give location) <b>I22 E. Cartwright</b>									
3. NAME OF DECEASED (Type or Print) <b>EMMA</b>		a. (First)		b. (Middle) <b>**</b>		c. (Last) <b>RITTER</b>							
4. DATE OF DEATH		Month <b>Sept.</b>		Day <b>19,</b>		Year <b>1950</b>							
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married (1)</b>		8. DATE OF BIRTH <b>Feb. 17, 1870</b>							
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		IF UNDER 4 HRS. Hours   Mins.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>							
12. CITIZEN OF WHAT COUNTRY? <b>0</b>				13a. FATHER'S NAME <b>Leopold Ritter</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Racker</b>							
14. NAME OF HUSBAND OR WIFE <b>none</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>							
17. INFORMANT'S SIGNATURE OR NAME <b>Henry Ritter</b>				ADDRESS <b>I230 Chambers Rd. St. Louis I5</b>									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION.				INTERVAL BETWEEN ONSET AND DEATH					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>				DUPLICATE				<b>30 min</b>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Chronic Myocarditis</b>				<b>3 yrs.</b>					
				DUE TO (c) <b>Arteriosclerosis</b>				<b>20 yrs.</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>4221</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY)		(STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from <b>April 8, 1950</b> , to <b>Sept 19, 1950</b> , that I last saw the deceased alive on <b>Sept 19, 1950</b> , and that death occurred at <b>9 P.</b> m., from the causes and on the date stated above.								23a. SIGNATURE (Degree or title) <b>Michael L. Baitsch</b>		23b. ADDRESS <b>7628 So. Broadway</b>		23c. DATE SIGNED <b>9/20/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 22, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>5329 West Florissant</b>							
DATE REC'D BY LOCAL <b>SEP 21 1950</b>		REGISTRAR'S SIGNATURE <b>Herbert L. Donker</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>G. Hoffmeister</b>		ADDRESS <b>7814 So. Broadway, St. Louis Mo.</b>							

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schencker

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

**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.