

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 2 1951

State File No. 6576
1509 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JEFF	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo	c. LENGTH OF STAY (In this place) 34 d	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DE SOTO 0502	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 110 E 3rd St. 1	

3. NAME OF DECEASED (Type or Print) a. (First) BUSH b. (Middle) ANTHONY c. (Last) RITCHER			4. DATE OF DEATH (Month) (Day) (Year) 2-14-51			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 13 1911	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) DE SOTO Mo	12. CITIZEN OF WHAT COUNTRY? Mo
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13a. FATHER'S NAME LOUIS RITCHER	13b. MOTHER'S MAIDEN NAME LAURA SEWALD	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Louis Ritcher	ADDRESS De Soto Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Active Rheumatic Fever DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 4013
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-10-51 to 2-14-51, that I last saw the deceased alive on 2-14-51, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE FR Bradley (Degree or title) M.D.	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 2/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 16 1951	24c. NAME OF CEMETERY OR CREMATORY, DE SOTO	24d. LOCATION (City, town, or county) (State) DE SOTO MO
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DATE REC'D BY LOCAL REG. FEB 14-51	REGISTRAR'S SIGNATURE J B Luster	25. FUNERAL DIRECTOR'S SIGNATURE Donald B. Dietrich	ADDRESS De Soto Mo
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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 _____

Donald Biny

working under my personal supervision.

Student Embalmer No. *412*

Signed *Donald Biny*
Student Embalmer

Signed *Donald B. Biny*

Licensed Embalmer No. *4104*

P. O. Address *Delab 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.