

STANDARD CERTIFICATE OF DEATH

State File No. 39168

10-48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8755

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 4 days	c. CITY OR TOWN Florissant 405 1/2		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			e. STREET ADDRESS (If rural, give location) 1475 St. Catherine		
3. NAME OF DECEASED (Type or Print) a. (First) VERA V. RINGE b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept 23, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1, 1912	9. AGE (In years last birthday) 41	10. MONTHS 11
					Days Hours Mins. 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	11. BIRTHPLACE (City and State or Foreign Country) High Hill, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Florence J. Bockhorst		13b. MOTHER'S MAIDEN NAME Louise Feuring	14. NAME OF HUSBAND OR WIFE Julian A. Ringe		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Julian A. Ringe, Florissant, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>metastatic Brain Tumor</i>			INTERVAL BETWEEN ONSET AND DEATH 4 mos.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 6/28/54	19b. MAJOR FINDINGS OF OPERATION Brain Tumor Metastatic				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 6/24 1954, to 9/23, 1954, that I last saw the deceased alive on 8/23, 1954, and that death occurred at 10:15 PM, from the causes and on the date stated above.					
23a. SIGNATURE C. A. Brundic MD		23b. ADDRESS Beaumont Met Bldg		23c. DATE SIGNED 9/24/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-27-54	24c. NAME OF CEMETERY OR CREMATORY New City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Missouri		
DATE REC'D BY LOCAL REG. SEP 27 1954	REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE WHITE CHAPEL, FERGUSON, MISSOURI		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Eleana Province*.....

Licensed Embalmer No...3403..

P. O. Address..Jennings,..M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.