

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35567**

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **2361**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. CITY OR TOWN Affton <i>4828</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10021 Lenor Dr.		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. LENGTH OF STAY (in this place) 1 Yr.		e. STREET ADDRESS (If rural, give location) 10021 Lenor Dr.	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) HENRY	c. (Last) RITTER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 12 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Jan. 28, 1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber (For Self)	10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (City and State or Foreign Country) Sikesville, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Ritter	13b. MOTHER'S MAIDEN NAME Unknown Warfield	14. NAME OF HUSBAND OR WIFE Late Florence Byrd Ritter
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John E. Ritter	ADDRESS 508 S. Halleburton, Kirkville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 h not known
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION No	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4500
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **10-10** ¹⁹⁵⁵ to **10-12** ¹⁹⁵⁵, that I last saw the deceased alive on **10-11**, 1955, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Waldo W. Jorman MD	23b. ADDRESS 9505 Grand	23c. DATE SIGNED 10.13.55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	24b. DATE Oct. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) LaPlate, Maryland
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DATE REC'D BY LOCAL REG. 10-13-55	REGISTRAR'S SIGNATURE Herbert R. Dombke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.
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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, Student Embalmer No. 51, working under my personal supervision..

Student..... *George W. Kneppshauer Jr.*
Signature of Student Embalmer

Signed..... *William B. White*

Licensed Embalmer No. 42

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