

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39174

State File No. ....

FILED DEC 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2723

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Crystal City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>67 days</u>		e. STREET ADDRESS (If rural, give location) <u>8th. St. and Highway 61</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Della</u> b. (Middle) <u>Jane</u> c. (Last) <u>Ringenheimer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 25, 1903</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Daisy, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>F.C. Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Wills</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur J. Ringenheimer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur J. Ringenheimer</u> ADDRESS <u>Crystal City, Mo.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterial Embolism of Left Leg + High</u>		<u>3 1/2 weeks</u>
DUE TO (c) <u>Arteriovenous Vein Thrombosis</u>		DUE TO (c) <u>Arteriovenous Vein Thrombosis</u>		<u>4-5 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>454X</u>		

19a. DATE OF OPERATION <u>10-8-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Arterial Embolism, Gangrene</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE	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 10-8, 1955, to 11-19, 1955, that I last saw the deceased alive on 11-18, 1955, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Regina T. Smyth, M.D.</u>		23b. ADDRESS <u>University Club Bldg</u>	23c. DATE SIGNED <u>11-21-55</u>
24a. BURIAL CREMATION-REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cape Co. Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Cape County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-21-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	FINANCIAL DIRECTOR'S SIGNATURE <u>R. ...</u> ADDRESS <u>Crystal City, Mo.</u>	

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 *Anthony R. Salvo*

Licensed Embalmer No... 348

P. O. Address *Crystal*

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.