

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11860**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **709**

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. CITY (If outside corporate limits, write RURAL and give township) <b>Pine Lawn</b>		c. LENGTH OF STAY (in this place) <b>10 hours</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shamrock Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>1601 Hornsby Avenue</b>	
3. NAME OF DECEASED a. (First) <b>Otto</b> (Type or Print)		b. (Middle) <b>R</b>	
c. (Last) <b>Ritscher</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 12 1956</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 31 1879</b>
9. AGE (In years) (Month) (Day) <b>76</b>		10. F UNDER 1 YEAR Days 11. F UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Draftsman (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carr Adams Mfg. Co</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Julius Ritscher</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Trinks</b>	
14. NAME OF HUSBAND OR WIFE <b>Clara Ritscher</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>493-07-1707 A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Clara Ritscher, 1601 Hornsby Ave</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic Cardiac vascular disease</b> 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. <b>Chronic Bronchitis Senile psychosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	
20. AUTOPSY? YES <input 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)		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>March 12, 1956</b> , to <b>March 12, 1956</b> , that I last saw the deceased alive on <b>March 12, 1956</b> , and that death occurred at <b>8:30 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Lewis L. Hermann MD</b>		23b. ADDRESS <b>823 Clayton Rd (17)</b>	
23c. DATE SIGNED <b>3/14/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>March 15, 1956</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-14-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

**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 *Clement McNear*.....

Licensed Embalmer No. *34*.....

P. O. Address *A. L.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.