

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042717

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

3135

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Richmond Heights</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Res. 7471 Ethel</u>		Length of stay in lb <u>5yrs</u>	d. STREET ADDRESS (If outside, give location) <u>7471 Ethel</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM HENRY RITCHEY</u>			4. DATE OF DEATH Month. Day Year <u>Nov. 30, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 1, 1871</u>		9. AGE (In years last birthday) <u>87yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and state or country) <u>Cook Co., Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>John D. Ritchey</u>		
13b. MOTHER'S MAIDEN NAME <u>Elzada Harris</u>			14. NAME OF HUSBAND OR WIFE <u>Della A. Brooks</u> <del>Elzada Harris</del>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Thelma Cunningham 7471 Ethel</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal Pneumonia</u> DUE TO (b) <u>fracture of Rt. Hip</u> DUE TO (c) <u>9000</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>6 Days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>21</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>FELL WALKING UP STEPS ON PORCH AT HOME.</u>			
20c. TIME OF INJURY Hour Month, Day, Year <u>5: a.m. 11-25-58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>7471 ETHEL</u>		20f. CITY, TOWN, OR LOCATION <u>Richmond Heights</u>		COUNTY STATE <u>St. Louis Mo</u>	
21. I attended the deceased from <u>1955</u> to <u>11/30/58</u> and last saw her alive on <u>11/30/58</u> Death occurred at <u>HO</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Hugh Aymer MD</u>			22b. ADDRESS <u>3720 Washington</u>		22c. DATE SIGNED <u>12/1/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12/1/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LOCAL</u>		23d. LOCATION (City, town, or county) (State) <u>Durant, Okla.</u>
24. FUNERAL DIRECTOR <u>ALEXANDER &amp; SONS</u>		ADDRESS <u>6175 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>12-1-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-57

BY AFFIDAVIT 3-30-58

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

m

Dr. Haynes  
3720 Washington Ave

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 *Joseph E. McCulloch* .....

Licensed Embalmer No. *2962*

P. O. Address *6175 D...*

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.