

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042882

STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2820

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>Bellefontaine Nghs.</u>			c. CITY- OR TOWN <u>St. Louis</u>		
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION <u>12051 Krenning Dr years 2</u>			d. STREET ADDRESS (If outside, give location) <u>5827a Woodland ave</u>		
3. NAME OF DECEASED (Type or print) First <u>Pauline</u> Middle <u>Ritter</u> Last <u>Ritter</u>			4. DATE OF DEATH Month <u>11</u> Day <u>2</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Feb 5 1896</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and state or country) <u>Poland</u>	12. CITIZEN OF WHAT COUNTRY? <u>4 Yes (USA)</u>	
13. FATHER'S NAME <u>Felix Skorski</u>			14. MOTHER'S MAIDEN NAME <u>Anna Siebiedzinski</u>		
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>unk.</u>	17. INFORMANT <u>John Krenski 12051 Krenning Dr.</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>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerotic coronary arteries</u>	<u>3 mos</u>
	DUE TO (c) <u>4201</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour <u>1:30 p. m.</u> Month, Day, Year	
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.)
20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <u>Sept 58</u> to <u>2 Nov 58</u> and last saw her alive on <u>28 Oct 58</u> . Death occurred on <u>Nov 2 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>H. J. Dold MD</u>	22b. ADDRESS <u>6000 W. Harrison</u>
22c. DATE SIGNED <u>3 Nov 58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>11/5/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
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24. FUNERAL DIRECTOR <u>JOHN STYGAR & SON</u> ADDRESS <u>5541 RIVERVIEW BLVD.</u>	25. DATE RECD. BY LOCAL REG. <u>11-3-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Dombi MD</u>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-1-56

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All diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Use only black ink or ribbon typewrite if possible.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....
J. M. Pistor

Licensed Embalmer No. 390

P. O. Address *St. Louis*

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.