

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-4293829 SL7126 FILED VS SEP 16 1959

2 7951 59-034238
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.		Length of stay in 1b 17 DAYS		c. CITY OR TOWN UNINCORPORATED		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9542 MARVELINE DRIVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY W. RITTER, Jr.			4. DATE OF DEATH Month Day Year AUGUST 26, 1959				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-28-20	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BREWERY WORKER		10b. KIND OF BUSINESS OR INDUSTRY ANHEUSER-BUSCH, INC.		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HARRY RITTER			13b. MOTHER'S MAIDEN NAME HAZEL REICHENBERGER		14. NAME OF HUSBAND OR WIFE RUBY J. RITTER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 486-12-9983	17. INFORMANT Mrs. Ruby Ritter - 9542 Marveline VA HOSP. RECORDS, ST. LOUIS, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY INSUFFICIENCY							INTERVAL BETWEEN ONSET AND DEATH 5 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) CHRONIC BRONCHITIS
DUE TO (c) CYSTIC DISEASE OF THE LUNG 759.0							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY FIBROSIS						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. 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. <input checked="" type="checkbox"/> VA attended the deceased from 8-9-59 to 8-26-59 and last saw ^{xx} him alive on 8-26-59 Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John H. Winter, M.D.</i> JOHN H. WINTER, M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 8-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE August 29, 1959	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Missouri		23e. (State)	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair			25. DATE RECD. BY LOCAL REG. AUG 27 '59		26. REGISTRAR'S SIGNATURE <i>Coal Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. L. Lewis*

Licensed Embalmer No. 3733

P. O. Address *St. Louis*

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.