

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>8334 Halls Ferry Road</b>
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle Last <b>RITSCH</b>		4. DATE OF DEATH Month <b>November</b> Day <b>29</b> Year <b>1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-27-1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Continental Can</b>	9. AGE (last birthday) <b>55</b>
11. BIRTHPLACE (City and state or country) <b>White County, Ill</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Frank Ritsch</b>		13b. MOTHER'S MAIDEN NAME <b>Lilly Myers</b>	14. NAME OF HUSBAND OR WIFE <b>Not married</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>None</b>	17. INFORMANT <b>Roy Ritsch, 9609 W. Main, Belleville, Ill</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Central Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		
DUE TO (c) <b>4200</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 type="checkbox"/> NO <input checked="" 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 <b>2:26</b> 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. I attended the deceased from <b>3-10-56</b> to <b>11-29-60</b> and last saw <sup>her</sup> him alive on <b>11-29-60</b> Death occurred at <b>2:26 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

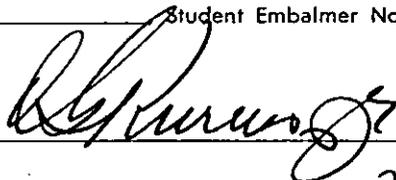
22a. SIGNATURE (Date or title) <b>James V. Murphy</b>		22b. ADDRESS <b>6344 Grand St. Louis 3, Mo</b>		22c. DATE SIGNED <b>11-30-60</b>
23a. BURIAL / CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-2-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newman Cemetery</b>	23d. LOCATION (City, town, or county) <b>White County</b>	(State) <b>Illinois</b>
24. GENERAL DIRECTOR ADDRESS <b>E. St. Louis, Ill</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 30 1960</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith. M.D.</b>	

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  \_\_\_\_\_

Licensed Embalmer No. 3162

P. O. Address E. Skovis

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