MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-033261

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2414

FILED SEP 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	4005
2	2039
3	
4	1
5	0
6	
7	1
8	2
9	762.5
10	
11	
12	46-0
13	

46

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Hts — Length of stay in 1b: 2 HRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hospital — Inside Limits: Yes ☑ No ☐
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY:
c. CITY OR TOWN: St Louis Mo — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 6535 Fyler — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First BABY Middle GIRL Last RITAYIK
4. DATE OF DEATH: Month 8 Day 18 Year 62
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-18-62
9. AGE (last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): James Emanuel Ritayik
10b. KIND OF BUSINESS OR INDUSTRY: Kremer Hicks Co
11. BIRTHPLACE (City and state or country): Alton Ill
12. CITIZEN OF WHAT COUNTRY: U.S
13a. FATHER'S NAME: no
13b. MOTHER'S MAIDEN NAME: Leda Jane Strano
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: James E Ritayik — Address: 6535 Fyler

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 H. 40 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Immaturity — 2 H. 40 MIN.
DUE TO (c): pre-mature birth – 24 wk. gestation
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 762.5
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 AUG 18, 1962, to AUG 18, 1962 and last saw her/him alive on AUG. 18, 1962
Death occurred at 9:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George J. Niedermeyer Md
22b. ADDRESS: 6500 CHIPPEWA ST. LOUIS 9, MO.
22c. DATE SIGNED: 8-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 8-20-62
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR — ADDRESS: A.H.Bocklage 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG.: 8-20-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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 Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed G. H. Bochlage

Licensed Embalmer No._____

P. O. Address_____

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.