

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35146

1. PLACE OF DEATH

County..... Registration District No..... **791**
 Township..... Primary Registration District No..... **1003** File No.....
 City..... (Name of Hospital)..... St. Ward)
St. Louis St. Johns Hospital

2. FULL NAME

(a) Residence. No. **2712 Virginia Ave** St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nora Ritzel*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 28 - 1869*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day,	hrs. or
	<i>58</i>	<i>2</i>	<i>19</i>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Foreman*
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer *Independent Pkg Co*

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) *Illinois*

10. NAME OF FATHER *Wm Ritzel*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) *Unknown*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) *Unknown*

14. INFORMANT *Mrs Nora Ritzel*
 (Address) *2712 Virginia Ave*

15. FILED *NOV 18 1927* *Man B Standauff*
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 17 1927*

17. I HEREBY CERTIFY That I attended deceased from *Oct 18 1927*, 1927, to *Nov 17 1927*, 1927, that I last saw him alive on *Nov 7 1927*, 1927, and that death occurred, on the date stated above, at..... m.
5A

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia
10 1/2 (duration) yrs. mos. ds.
 CONTRIBUTORY *Carcinoma Stomach*
 (SECONDARY) (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Unknown*
 PLACE OF DEATH *2712 Virginia Ave*
 DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *Nov 12 1927*
 WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed)..... *Ch. Matlock, M.D*
11-17-1927 (Address) *Route 1 Inst Bed*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Valhalla* DATE OF BURIAL *Nov 20 1927*

20. UNDERTAKER *Wacker-Heldorfe* ADDRESS *2331 S Blvd*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

