

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

Do not use this space.

10131

MAR 28 1930

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City (No. 103 Highland Ave St. Ward)

Registration District No. 1123
Primary Registration District No. 648 A

File No. _____
Registered No. 52

2. FULL NAME

Leo A. Ritter

(a) Residence No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Nellie A. Ritter

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 18 1861

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>9</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Postal Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) U.S.A. Post Office
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Val. Ritter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown
(STATE OR COUNTRY)

PARENTS

14.

INFORMANT Nellie A. Ritter
(Address) 103 Highland Ave

15.

FILED Mar 5 30 L.C. O'Connell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1930, to March 2 1930, that I last saw him alive on March 2 1930 and that death occurred, on the date stated above, at 3:27 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121 uremia
1.3715
(duration) yrs. mos. da. 6. da.

CONTRIBUTORY (SECONDARY) Chc. Interstitial nephritis
(duration) yrs. mos. da. 5 yrs.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH, (NO) DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical findings
(Signed) Oliver J. Marshall, M. D.
2/4/30. 19 (Address) 3666 Grand

*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 St Peter & Paul Cemetery **DATE OF BURIAL** Mar 5 1930

20. UNDERTAKER John Robert **ADDRESS** 1905 S Grand

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.

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