

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

Do not use this space.

13666

**1. PLACE OF DEATH**

92 County St. Charles Registration District No. 757  
4 Township St. Charles Primary Registration District No. 3036  
8 City St. Charles (No. 200 1. Kings Highway St. 2 Ward)

**2. FULL NAME**

(a) Residence, No. 200 1. Kings Highway Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 62 yrs. 3 mos. 17 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 Cather M. Ringe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>62</u>	<u>3</u>	<u>17</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Merchant 116</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>oil + asphalt</u>
	10. Date deceased last worked at this occupation (month and year) <u>April 4, 1932</u>	11. Total time (years) spent in this occupation <u>3 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

MOTHER FATHER 13. NAME Louis Ringe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 18

15. MAIDEN NAME Margaret Weil

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Dance L Ringe (ADDRESS) Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE April 10<sup>th</sup> 1932

19. UNDERTAKER Steinbrinkers (ADDRESS) St. Charles, Mo.

20. FILED 4/9 1932 Hy. J. Bloebaum Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8<sup>th</sup> 1932

22. I HEREBY CERTIFY, that I attended deceased from April 4 1932, to April 8 1932  
I last saw him alive on April 8, 1932 Death is said to have occurred on the date stated above, at 8:00 AM.

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia

Date of onset 4 days  
9 days

108 / 08 Ⓛ

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. J. Rofford M. D.  
(Address) St. Charles, Mo.

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.

MAI 28 1932

