

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

Do not use this space.

37633

1. PLACE OF DEATH :

County..... Registration District No.....
Township..... Primary Registration District No.....
City ST. LOUIS, MISSOURI. (No. CHRISTIAN HOSPITAL.)

File No.....
Registered No. 10311
St. Ward)

2. FULL NAME NETTIE RITTER.

(a) Residence, No. 323 CHRISTIAN AVE. St., 8 Ward.

(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 FEMALE.	4. COLOR OR RACE WHITE.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DAVE RITTER.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/20/1872.		
7. AGE YEARS 60	MONTHS 2	DAYS ----- If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME. 335
	10. Date deceased last worked at this occupation (month and year).....
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... **ILLINOIS.**
(STATE OR COUNTRY)

FATHER 13. NAME **WM. SMILEY.**

FATHER 14. BIRTHPLACE (CITY OR TOWN)..... **Don't Know 31**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Don't Know**

MOTHER 16. BIRTHPLACE (CITY OR TOWN)..... **ILLINOIS. 1**
(STATE OR COUNTRY)

17. INFORMANT **Mrs Mabel Bierman**
(ADDRESS) **323 CHRISTIAN AVE.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **BETHANIA, CEM.** DATE **11/22/32.** 19

19. UNDERTAKER **Provoost Und Co**
(ADDRESS) **3710 N. GRAND BLVD.**

20. FILED **Nov 22 1932** 19 **W. C. Starkey**
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/20/32.** 19

22. I HEREBY CERTIFY, That I attended deceased from **Aug 12th**, 19**32**, to **Nov 20**, 19**32**.
I last saw her alive on **Nov 19**, 19**32** Death is said to have occurred on the date stated above, at **7-50 A.M.**

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

Acute Parenchymatous Nephritis
176 1218 1216 1210 1210
Other contributory causes of importance:
Cholelithiasis caused by gall stones.

Date of onset
Nov 184

Name of operation **Cholecystectomy.** Date of **Nov 17.**
What test confirmed diagnosis? **Stones.** Was there an autopsy? **No.**

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? **No**
If so, specify.....

(Signed) **John A. E. A.** M. D.
(Address) **4701 S. S. Lewis St**

WHITE COPY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

