WRITE PLAINLY, 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.

100M-11-24-33

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

JAN 24 1935

Do not use this space.

44984

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 44984

Township ..... Primary Registration District No. 1003 Registered No. 12137

City St. Louis Mo. (No. 5858, Romaine Place St. ..... Ward)

2. FULL NAME Mary L. Ritter

(a) Residence, No. 5858 Romaine Pl St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William L. Ritter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	5	27	

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Godfrey Schuchardt

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

MOTHER

15. MAIDEN NAME Louise Windmoeller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) William Ritter 4219 Holly ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters Cem. DATE Dec 24, 1934

19. UNDERTAKER (ADDRESS) Wm M. Schumacher 4834 Noel Bridge

20. FILED DEC 24 1934, 19 Jos. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 11/5, 1934, to 12/21, 1934

I last saw her alive on 12/21, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

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

	Date of onset
Acute Dilatation of Heart	12/21/34
936	
951	

Other contributory causes of importance: Chronic Myocarditis

Name of operation no Date of none

What test confirmed diagnosis Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas P. Martin, M. D.

(Address) 3903 Lee Av