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.

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

JUL 12 1935

791
1008

Do not use this space.

21401

File No. .....
Registered No. 5339

1. PLACE OF DEATH

County .....
Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. St. Anthonys St. ..... Ward)

2. FULL NAME Andrew Ringwald

(a) Residence, No. 1901 California St., 23 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1935

7. AGE: Years 0 | Months 0 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) St. Louis
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Andrew Ringwald
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Margaretta Leipold
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Andrew Ringwald
(ADDRESS) 1901 California Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE 6-21 1935

19. UNDERTAKER Mitt Bro. & Co.
(ADDRESS) 2929 S. Jefferson

20. FILED ..... 19..... J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1935

22. I HEREBY CERTIFY That I attended deceased from 6-18, 1935, to 6-20-35, 1935
I last saw he alive on 6-20, 1935. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery	6/18/35

Other contributory causes of importance: 59

Name of operation ..... Date of .....
What test confirmed diagnosis? none 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? .....
If so, specify .....
(Signed) L. R. Paul Steen M. D.
(Address) 2711 Gravois Blvd.