

APR 9 1937

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

Do not use this space.

791  
1003

File No. 10053  
Registered No. 2614

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City ..... (No. Melbourne Hotel 3605 Melrose) ..... St. .... Ward) .....

2. FULL NAME Walter W. Ritter  
(a) Residence, No. 1015 Old Orchard St., NR Ward, Dayton, Ohio.  
(Usual place of abode) (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 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 Helen Ritter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept., 27, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 48 5 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Products Co. Springfield Ohio

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) Marblehead Ohio

13. NAME Herman Ritter

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

15. MAIDEN NAME Rose Dietsch

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

17. INFORMANT Ollie Kissel  
(ADDRESS) 3941 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton Ohio DATE 3-6, 1937

19. UNDERTAKER Arthur J. Donnelly  
(ADDRESS) 3840 Lindell Blvd.

20. FILED MAR 6 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Electrocution caused by lighted reading lamp falling across chest while bathing in room 505 Melbourne Hotel 3605 Melrose about 4:00 P.M. March 5th 1937

Other contributory causes of importance: Accident 1937

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident of Injury 3/5 1937

Where did injury occur? St. Louis Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury 4  
Nature of injury 4

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Alfred Perry M.D.

(Signed) Alfred Perry M.D. (Address) Dayton, Ohio

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.

10 29 3/3

