

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

Do not use this space.

29195

SEP 10 1937

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis Mo (No. St. Lukes Hospital) St. .... Ward)

File No. ....  
Registered No. **7828**

2. FULL NAME WILLIAM P. RITCHIE

(a) Residence, No. 2642 Geyer 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural Iron Works--retired

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) Illinois

13. NAME David Ritchie

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

15. MAIDEN NAME Not known

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

17. INFORMANT Mrs. Tillie Ritchie

(ADDRESS) 2642 Geyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Aug. 21 1937

19. UNDERTAKER Aston L. & Co

(ADDRESS) 2707 N Grand Blvd

20. FILED J. H. Bueck Registrar.

AUG 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to Aug 18, 1937  
I last saw him alive on Aug 18, 1937. Death is said

to have occurred on the date stated above, at 8:30 m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Date of onset 1 yr  
approx  
history

Other contributory causes of importance:

Name of operation Gastrectomy Date of June 25  
What test confirmed diagnosis? X-ray & path Was there an autopsy? no

23. If death was due to external cause (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 Carcinoma of the (Signed) \_\_\_\_\_, M. D.  
(Address) 770 Washington, St Louis MO

1890