REC'D JUL 12 1938

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

20272

Do not use this space.

791

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Missouri.
(d) Street No. St. Luke's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003
Primary Registration District No.
Registered No. 5411

2. PRINT FULL NAME Billy Ward Rittershouse 362
(a) Residence, No. St. NR Springfield, Missouri.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Nil
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1926
7. AGE YEARS 12 MONTHS 3 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Feb 26, 1938
11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri. 0

FATHER
13. NAME Paul L. Rittershouse 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Omaha Nebraska 0

MOTHER
15. MAIDEN NAME Bertie Sappingotn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri.

17. INFORMANT (ADDRESS) Paul L. Rittershouse Springfield, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE June 17, 1938
19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Ave.,
20. FILED JUN 15 1938 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1938, to 6-14, 1938
I last saw him alive on 6-14, 1938. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

Abscess of Brain (post-traumatic)

Date of onset

Other contributory causes of importance:

1948 1/4

Name of operation Craniotomy Date of 6-10-38
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? Date of injury Feb 1938 unk
Where did injury occur? Springfield Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. unknown
Manner of injury Hit in the head with Golf stick
Nature of injury Compound fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Roland M. Kleinmel, M. D.
(Address) Beaumont Bldg Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)