

DEC'D OCT 1 1938

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

30328

Do not use this space.

791

1008

Registered No. 7763

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City... St. Louis,..... (d) Street No. Bethesda 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie B. Ritchie,

(a) Residence, No. 3633 Russell Blvd., St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas P. Ritchie22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to Aug 30, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1867I last saw her alive on Aug 30, 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 9

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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)
 11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) MissouriCerebrum of meningitis13. NAME Phillip Reiss,

Other contributory causes of importance:

14. BIRTHPLACE (CITY OR TOWN) France
(STATE OR COUNTRY)Senility
Exploratory15. MAIDEN NAME Eliza Barwick,Name of operation Exploratory Date of June 19, 1938
What test confirmed diagnosis? Was there an autopsy? Yes16. BIRTHPLACE (CITY OR TOWN) London,
(STATE OR COUNTRY) England.23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1917. INFORMANT Mr. Thos. P. Ritchie,
(ADDRESS) 3633 Russell Blvd.Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.18. BURIAL PLACE Bellefontaine DATE Sept. 1, 38Manner of injury
Nature of injury19. FUNERAL DIRECTOR (NAME) Wagoner Und. Co.
(ADDRESS) 3621 Olive St.

24. Was disease or injury in any way related to occupation of deceased?

20. FILED SEP - 1 1938If so, specify no
(Signed) John Stewart, M. D.
(Address) 3621 Olive St.

Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Nevelle B. Prohetter*

Licensed Embalmer No. *3696*

P. O. Address *St. Louis Mo*

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

If this body is not embalmed, above space should be left blank.