

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

35641
Do not use this space.

RECD NOV 15 1938

1. PLACE OF DEATH
 (a) County Gasconade Registration District No. 303
 (b) Township Hermann Primary Registration District No. 4182 Registered No. _____
 (c) City Hermann (d) Street No. _____ 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.
368

2. PRINT FULL NAME Miriam Ritter

(a) Residence, No. _____ St. East Ridge, Pa.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	65	3	10	

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Ridge, Pa. /

FATHER

13. NAME Oliver Westover /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 9

MOTHER

15. MAIDEN NAME Unknown /

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Max Lyoid Hermann, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Ridge, Pa. DATE Sept. 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Hugo Blumer Hermann, Mo.

20. FILED 10-5 1938 Anna K. Riehoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/29 1938 to 10-5 1938
 I last saw her alive on 10-5 1938. Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset _____

Other contributory causes of importance: 10

Name of operation _____ Date of _____
 What test confirmed diagnosis? ✓ 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? no
 If so, specify: _____ (Signature) Howard H. Harkman M. D.
 _____ (Address) Hermann Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Hugo H. Blumer, Licensed Embalmer No. 3160

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

..... L. E.

No. 3160 or by
working under my personal supervision.

Signed Hugo H. Blumer

..... Registered Apprentice No.
Licensed Embalmer No. 3160

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.)