

REC'D FEB 10 1939

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

57
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township _____ Primary Registration District No. 1003 Registered No. 57
(c) City St. Louis, Mo. (d) Street No. 4155 Magnolia Ave. 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 Marie Ritschy

(a) Residence, No. 4155 Magnolia Ave. St. 17 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Frederick Ritschy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4th, 1850
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
88 10 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) toFATHER 13. NAME Dornseif14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) toMOTHER 15. MAIDEN NAME Rumpf16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Mrs. Will C. Wissmath
(ADDRESS) 59 Broadview Drive

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalle Mausoleum 17 4/3919. FUNERAL DIRECTOR (NAME) Kraeger-Voss-Fix
(ADDRESS) 3402 No. Kingshighway20. FILED JAN 3 1939
J. B. Blodiek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st 193922. I HEREBY CERTIFY That I attended deceased from October, 1937, to January 1, 1939I last saw her alive on December 31, 1938 Death is said to have occurred on the date stated above, at 9 A.M.

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

Heart failure due to Date of onset
chronic myocarditis 1934Other contributory causes of importance: toName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____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? _____

If so, specify _____

(Signed) Chas. H. Wamsberg, M. D.(Address) 22132 Lafayette

SEP 16 1941

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY

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 *Albert G. Hooper*

Licensed Embalmer No. 2921

P. O. Address _____

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.)

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