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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5086

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1916

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1324 Laurel Ave. (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 6

(d) Street No. 1324 Laurel Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha A. Ritchey. 320

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jonathan W. Ritchey.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 24, 1849. (Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Sycamore, (City, town, or county) Ohio. (State or foreign country) 1

10. Usual occupation Housewife 1

11. Industry or business at home 1

FATHER
12. Name Andrew Stewart.
13. Birthplace ? (City, town, or county) Ohio. (State or foreign country)

MOTHER
14. Maiden name Mary Morrow.
15. Birthplace ? (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant's own signature Mrs. Anna M. Murry.
(b) Address 1324 Laurel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-1940. (Month) (Day) (Year)
(c) Place: burial or cremation Dayton, Ohio.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) FEB 26 1940 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24 th. year 1940 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 6, 1939, to Feb-24, 1940 that I last saw her alive on Feb-24, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) Dry Gangreen on Both Feet & Legs	
Major findings: Of operations none	
Of autopsy no	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? — (e) Means of injury none

23. Signature Lorne F. Harmann (M. D. or other)
Address 2743 N Grand Date signed 2-25-1940

(Licensed Embalmer's Statement on Reverse Side)

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St.

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

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