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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19848

Registration District No. 79 FILED JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 4796

1. PLACE OF DEATH:

(a) County 1

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

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 18
(If outside city or town limits write "RURAL")

(d) Street No. 4378 Chouteau Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Eva Ritzmann 325

3. (b) If veteran, name war None

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 Late August Ritzmann

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

7. Birth date of deceased Nov. (Month) 1st (Day) 1865 (Year)

8. AGE: Years 74 Months 6 Days 30 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Steiniger
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant August Ritzmann
(b) Address 4378 Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickerts Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUN 2 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1940 hour 5:48 minute P.M. M.

21. I hereby certify that I attended the deceased from April, 1940, to May 31st, 1940 that I last saw her alive on May 31st, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	6 Months
Due to Toxic Adenoma of Thyroid	Many Years
Due to	
Other conditions Senility (Include pregnancy within 3 months of death) Hypertension	

Major findings:
Of operations 0
Of autopsy 0

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Arnold G. Klein (M. D. or other) M.D.
Address 2632 S. Kingshighway Date signed 6/2/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Klein
Magnolia at Kingshighway
Leave at Office before 2:30 Sat

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.