

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34866

State File No.

Registration District No. 85 Primary Registration District No. 1001
Registrar's No. 1133

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: St. Joseph's Hospital
(d) Length of stay: In hospital or institution 16 days
In this community 57 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 724 N. 10th Street
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Frank Joseph Ringel

3. (b) If veteran, name war None 3. (c) Social Security No. 497-12-2032

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lydia Ringel 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 7 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>11</u>	<u>17</u>	hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Paying Teller

11. Industry or business 1st National Bank

12. Name John A. Ringel

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

14. Maiden name Elizabeth Drewes

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Ringel (Mrs)

(b) Address 724 N. 10th Strr St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director H.O. Sidenfaden & Son

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 10-25-1940 (b) W. Hestlebusch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th
year 1940 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 5, 1940 to Oct. 24, 1940
that I last saw him alive on Oct. 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration few minutes

Due to MI

Other conditions Polyp of sigmoid rectum
(Include pregnancy within 3 months of death) Colon

Major findings: Of operations None except area where polyp had shriveled off. Of autopsy none done.
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? 85

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Hestlebusch (M. D. or other) _____
Address 1218 N. 3rd Date signed 10/24/40

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 *Robert P. Clarkson*

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo.

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, fact should be so stated above.