No. 2
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FILED JAN 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42463

Registration District No. 303 Primary Registration District No. 4182 Registrar's No.

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

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2
0

1. PLACE OF DEATH:

(a) County Gasconade

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

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

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 45 years 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Hermann (If outside city or town limits, write "RURAL")

(d) Street No. 114 W. Fourth St. (If rural, give location)

0

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

3. (a) PRINT FULL NAME HENRY WILLIAM RITTER

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

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

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

7. Birth date of deceased Oct. (Month) 3 (Day) 1891 (Year)

8. AGE: Years 49 Months 2 Days 26 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Shoe-Worker 0

11. Industry or business 6

FATHER
12. Name Louis Ritter
13. Birthplace ____ (City, town, or county) Germany (State or foreign country) 0

MOTHER
14. Maiden name Paulina Feil
15. Birthplace Hermann (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Clara Fiedler

(b) Address 4393 St. Louis Ave., St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/40 (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cem.

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) 12-31-40 (Date received local registrar) (b) Anna K. Rickhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 29 day ____ year 1940 hour 9:45 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 26, 1940, to Dec 29, 1940; that I last saw him alive on Dec 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs-Influenzia

Due to Mitral Stenosis Hypertention

Due to ____

Other conditions ✓ (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration

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)

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While at work? ____ (e) Means of injury ____

23. Signature Howard Workman (M. D. or other) 1

Address Hermann Mo. Date signed 12-30-40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

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

If this body is not embalmed, fact should be so stated above.