

S. No. 2
DM-1-4-41
v. 5-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 748
Registrar's No. 69

FILED FEB 24 1942 291

Registration District No. _____ Primary Registration District No. 1003

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:
Josephine Heitkamp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community life years, months or days)

3. (a) PRINT FULL NAME William T. Ringhoff
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 married
6. (b) Name of husband or wife Clara Offer 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 13 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 20 hr. min.

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

10. Usual occupation Decorator

11. Industry or business _____

MOTHER FATHER { 12. Name William Ringhoff
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Margaret Ruch
15. Birthplace Maystown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Ringhoff
(b) Address 5454 Gresham

17. (a) Burial (b) Date thereof 1-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John Zugunheim
(b) Address 7027 Gravois Ave

19. (a) JAN 5 1942 (b) J. T. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5454 Gresham
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1-42
to Jan 3 1942
that I last saw her alive on Jan 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Obstruction of Bowels
Due to Infectious Peritonitis

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

Major findings: _____
Of operations _____
Of autopsy _____

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?

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

23. Signature Dr. J. T. Budek (M. D. or other) _____
Address 5911 S. Kingshighway Date signed 1-5-42

(Licensed Embalmer's Statement on Reverse Side)

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

179

69
279
-9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

122 b

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..... *E. P. Kidwell*.....
Licensed Embalmer No. *3877*.....
P. O. Address. *7057 Gravois*.....

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.