

S. No. 2
DM-1-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3648
State File No. _____
Registrar's No. 299

FILED FEB 16 1942

Registration District No. 288

Primary Registration District No. 200

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6528 Easton Ave. /
(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 Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6528 Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CARL W. RITTERBUSCH.
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 8th.
year 1942 hour 7 minute 50 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Mathilda Ritterbusch. alive 71 years
7. Birth date of deceased: April 1, 1869.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1-1942
to Feb 8-1942
that I last saw him alive on Feb 8, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 10 7 hr. min.

Immediate cause of death apoplexy Duration 1 yr.

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 8301

10. Usual occupation retired
11. Industry or business Brick Mfg.

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name Frederick Ritterbusch.
13. Birthplace ? / Germany.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Dont know.
15. Birthplace Dont know.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mathilda Ritterbusch.
(b) Address 6528 Easton Ave.

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? _____

17. (a) Burial (b) Date thereof. 2-12-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Zions Cemetery.

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature George Topprich (M. D. or other)
Address 3548 Marshall Ave Date signed 2-9-42

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) FEB 10 1942 (b) C. W. McHarron M.D.
(Date received local Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. Tracewell.
3545 Marshall Ave.
Wabash 819

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. 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.