

FILED MAY 28 1942

4395

Registration District No.

Primary Registration District No. 1003

Registrar's No.

000
17
9

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

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:
ST. ANTHONY HOSPITAL
(If not in hospital or institution, write street number or location)

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

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County..... 17

(c) City or town ST. LOUIS. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 7225 PENNSYLVANIA.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM A. RITCHIE

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

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced. MARRIED

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

7. Birth date of deceased JAN 4 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18
year 1942 hour 9 minute 5 A. M.

21. I hereby certify that I attended the deceased from 5/15
..... 1942 to 5/18..... 1942
that I last saw him alive on 5/18/42..... 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 4 14 hr. min.

Immediate cause of death.....
Coronary Thrombosis Duration 20 min.

Due to Fracture of right femur 3 days

Due to Fall -

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

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation MAIL CARRIER

11. Industry or business RETIRED

MOTHER FATHER { 12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

Major findings:
Of operations..... 18/42

Of autopsy..... 18/42

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Ritchie

(b) Address 7225 Pennsylvania

17. (a) BURIAL (b) Date thereof 5 21 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. B. Fisher

(b) MAY 20 1942 Michigan

19. (a) 20 1942 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident.

(b) Date of occurrence 5/18/42 000

(c) Where did injury occur? St. Louis MO.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(e) Means of injury Fall

23. Signature Durant Benjamin (M. D. or other) MD

Address 7430 Virginia Ave. Date signed 5/18/42

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ave.

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.