

FILED DEC 15 1942 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town ST. Louis.
(c) Name of hospital or institution:
2124a Geyer Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town ST. Louis.
(d) Street No. 2124a Geyer Ave.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Ringkamp.

3. (b) If veteran, name war no 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 Rose M. Ringkamp. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Unkown about 1880.
(Month) (Day) (Year)

8. AGE: Years about 62 Months unkown. Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Painter.

11. Industry or business _____

12. Name John Ringkamp

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

14. Maiden name unkown.

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

16. (a) Informant Rose M. Ringkamp.
(b) Address 2124a Geyer Ave.

17. (a) Burial. (b) Date thereof 12/7/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Wm C Maydell
(b) Address 1926 Allen Ave.

19. (a) DEC 7 1942 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;
that I last saw him im alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Coronary Thrombosis
Cerebral Sclerosis
Chronic Myocarditis
Due to 930
Other conditions 1430
(Include pregnancy within 3 months of death)

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?

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

23. Signature Wm C Maydell (M. D. or other) _____
Address 1926 Allen Ave. Date signed 12/7/42

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

83

7p

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen an

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.