

FILED JAN 13 1943

Registration District No. 318

Primary Registration District No. 1003

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:
5647 Bartmer Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None
(Specify whether
In this community.....
years, months or days)

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..... 5647 Bartmer Ave
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Harry F. Ritterbusch

3. (b) If veteran, name war..... None 3. (c) Social Security No..... None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... Della 6. (c) Age of husband or wife if alive..... 53 years
7. Birth date of deceased..... June 3, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 26 hr. min.

9. Birthplace..... Shrewsbury Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Steel worker

11. Industry or business.....

MOTHER FATHER

12. Name..... Henry Ritterbusch
13. Birthplace..... Not known 9
(City, town, or county) (State or foreign country)
14. Maiden name..... Not known
15. Birthplace..... Not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Della I. Ritterbusch

(b) Address..... 5647 Bartmer Ave

17. (a) Burial (b) Date thereof..... 12/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mount Lebanon Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) DEC 30 1942 J. F. Bruleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th
year 1942 hour 6:30 AM minute..... M.

21. I hereby certify that I attended the deceased from 10/2/42
..... 19..... to 12/18/42..... 19.....
that I last saw him alive on 12/18/42
and that death occurred on the date and hour stated above.

Immediate cause of death..... chronic myocarditis
Duration..... 7 months

Due to.....
Due to.....

Other conditions..... Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death) Duration..... 7 months

Major findings:
Of operations..... Stephen Vezou
Of autopsy..... no.
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) Means of injury.....

23. Signature..... Stephen Vezou (M.D. or other)
Address..... 3202 2 Park Date signed 12/30/42

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.....

Francis A. Williamson

Licensed Embalmer No.....

3565

P. O. Address.....

St Louis 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.