

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8727**

X32873

FILED MAR 25 1943 18

Primary Registration District No. **1003**

Registrar's No. **2587**

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:
4380 Laclede Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 25 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **800**

(a) State Missouri (b) County..... **12**

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") **9/19**

(d) Street No. 4380 Laclede
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
No Attending Physician
17 yrs. name country.....

3. (a) PRINT FULL NAME Mrs. Mary Ritzel

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 10 minute 20 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gustave Ritzel 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 14th, 1884
(Month) (Day) (Year)

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

Immediate cause of death.....

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

59	0	1	hr. min.
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Coronary Occlusion
Arteriosclerosis

Due to.....

Due to.....

9. Birthplace New Memphis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor Rooming House

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

PHYSICIAN

11. Industry or business Self

MOTHER FATHER { 12. Name Henry Rieken

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

14. Maiden name Margaret Scharden

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

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Gustave Ritzel

(b) Address 4380 Laclede

17. (a) Burial (b) Date thereof March 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation Lebanon, Illinois

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAR 18 1943 (b) J. P. Bradock
(Date received local registrar) (Registrar's signature)

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

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date signed 3-18-43

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

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 _____

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Park

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.