

**FILED NOV 20 1943**  
Registration District No. **878**

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:  
**2 City Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution **5yr. 10mo. 14ds.**  
(Specify whether  
In this community **45 yrs.**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **17**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5300 Arsenal St. S.W.C.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **ELIZABETH RITTER**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Nov.** day **8,**  
year **1943** hour **8.15** minute **a.** M.

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

**21. I hereby certify that I attended the deceased from** **July**  
**1st, 1938** 19\_\_\_\_ to **Nov. 8, 1943** 19\_\_\_\_  
that I last saw her alive on **Nov. 8, 1943** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

**4. Sex** **FEMALE** **5. Color or** **WHITE** **6. (a) Single, widowed, married,**  
race **WHITE** divorced **MARRIED**

Immediate cause of death  
**Chronic Myocarditis** **1938x**  
**Senility** **1938x**

**6. (b) Name of husband or wife** **Andrew J. Ritter** **6. (c) Age of husband or wife if**  
alive \_\_\_\_\_ years

**7. Birth date of deceased** **Oct. 11, 1876**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**67** **0** **27** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

**9. Birthplace** **Columbus** **Kentucky**  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**10. Usual occupation** **Housewife**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**11. Industry or business** \_\_\_\_\_

**12. Name** **Albert Johnson**

**13. Birthplace** **not known** **Kentucky**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **not known**

**15. Birthplace** **not known** **Kentucky**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Shelma G. Singer**  
**(b) Address** **5400 Arsenal**

**17. (a) Burial** **NOV 10 1943** **(b) Date thereof** **NOV 10 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) Place: burial or cremation** **SUNSET BURIAL PK.**

(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 \_\_\_\_\_

**18. (a) Signature of funeral director** **E. J. Schmur**  
**(b) Address** **NOV 10 1943 Lafayette Dr**

**23. Signature** **Anthony K. Burdick** **(M. D. or other)** \_\_\_\_\_  
**5400 Arsenal** **Date signed** **11/9/43**

**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.....

*Jose B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette 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.**