

FILED JAN 12 1944

Registration District No. 818

Primary Registration District No. 1003

11857

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs.
(Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME EDWARD RITTER

3. (b) If veteran, name war _____ 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 Emma Ritter 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 17, 1869
(Month) (Day) (Year)

8. AGE: 74 Years 11 Months 11 Days If less than one day hr. min.

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

10. Usual occupation Watchman. Retired 10 years

11. Industry or business _____

MOTHER FATHER { 12. Name John Ritter
13. Birthplace Germany
(City, town, or county) (State or foreign country) 4
14. Maiden name Catherine Simon
15. Birthplace Germany
(City, town, or county) (State or foreign country) 4

16. (a) Informant Emma Ritter
(b) Address 3414 @ Magnolia Avenue

17. (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Steven Broy
(b) Address 2842 Meramec Street.

19. (a) DEC 29 1943 (b) J. A. Brodeur
(Date received local registrar) (Registrar's signature)

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. 3414 @ Magnolia Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1943 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6-1, 1943 to 12-28, 1943
and that death occurred on the date and hour stated above.
that I last saw him alive on 12-27, 1943

Immediate cause of death
Myocarditis chronic
Coronary dis.
Mitral disease
Due to _____
Due to _____
Other conditions (Includes pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy None

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? _____

23. Signature Philip Schuck (M. D. or other)
Address 1703 S. Kansas Date signed 12-27-43

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.....

Joe S Benz

Licensed Embalmer No. 4249
2842 Meramec St.
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.