S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34718

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2406

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town City of Ladue 12
(If outside city or town limits, write "RURAL")
(d) Street No. 9049 Clayton Road 1
(If rural, give location)
(e) Citizen of foreign country? no no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Minnie Stoltman
3. (b) If veteran, name war None
3. (c) Social Security No. 489-12-1771
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 7
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 25 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	19	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business At home
12. Name Herman Ritter (FATHER)
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name Catherine Simon (MOTHER)
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 11
16. (a) Informant Mrs. Catherine Grone 1
(b) Address 7714 Lile Ave-Richmond Heights
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/45 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul Cem.
18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 S. Grand Blvd.
19. (a) 10-17-45 (Date received local registrar) (b) E. G. McGavran D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1945 hour 7 minute A M.
21. I hereby certify that I attended the deceased from July, 1945, to Oct 7, 1945, that I last saw her alive on Oct 13, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction	12 days
Due to: Coronary thrombosis	12 days
Due to: Hypertensive C-V disease	uncertain
Other conditions (Include pregnancy within 3 months of death): 93d	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm. C. Macdonald (M. D. ~~or other~~)
Address 539 N. Grand Date signed 10-15-45

707 (Licensed Embalmer's Statement on Reverse Side)

MAY 5 1948

JUL 9 1941

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 Ronald Yahnke

Licensed Embalmer No. 3917

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.