S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15131

FILED APR 3 1946

Registration District No. 318946 Primary Registration District No. 1003 Registrar's No. 3095

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: St. Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis
(c) City or town Vinita Park (If outside city or town limits, write "RURAL")
(d) Street No. 8110 Washington (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEWIS J. RITSCHY.

3. (b) If veteran, name war Spanish American 3. (c) Social Security 493-05-1806

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

6. (b) Name of husband or wife Gertrude K. Ritschy. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug. (Month) 11 (Day) 1876 (Year)

8. AGE: Years 69 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired; Tech. Engineer

11. Industry or business Union Electric Co.

MOTHER FATHER

12. Name Frederick Ritschy.
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Marie Darnsief.
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude K. Ritschy.
(b) Address 8110 Washington,

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla ~~Oak Grove Cemetery~~ Mausoleum

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) APR 2 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1946 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov 15, 1945 to April 2, 1946 that I last saw him alive on 4-2-46, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gen. Carcinomatosis	6 mo
Due to Malignancy Rt Kidney	2
Due to Primary lesion	
Other conditions Cerebral Metastasis (Include pregnancy within 3 months of death)	4 mo

Major findings:
Of operations —
Of autopsy as above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Lee J. Riley (M. D. or other) MD
Address 8105 Page Blvd Date signed 4-2-46

(Licensed Embalmer's Statement on Reverse Side)

8105 Page
WI 1021
Hrs. 10-12

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.