

FILED # **JAN 07 1947** 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2342 So. 9th Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

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

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

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 3, 1892**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **20th**
 year **1946** hour **2:10** minute **A** M.

21. I hereby certify that I attended the deceased from **12/16/46**
 _____, 19____ to **Dec. 20th**, 19**46**.
 that I last saw h_____er alive on **Dec. 20th**, 19**46**.
 and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Acidosis** Duration **8 hours**

Due to **Diabetic Mellitus** **6 years**

Due to _____

Other conditions **Old Cerebral Vascular Accident 4 yrs.**
(Include pregnancy within 3 months of death)

8. AGE: Years **54** Months **0** Days **17**
If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business _____

MOTHER { 12. Name **Usher**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant **Charles Ritter**
 (b) Address **3454a Missouri Ave., St. Louis, Mo.**
 17. (a) **burial** (b) Date thereof **Dec. 23, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Wacker & Sons**
 (b) Address **3634 Gravois, St. Louis, Mo.**
DEC 21 1946 (Date received local registrar) **J. F. [Signature]** (Registrar's signature)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy **Perforated Bladder**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 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?
 While at work? _____
(Specify type of place) (Means of injury)

23. Signature **[Signature]** Address **Lafayette** Date signed **12/20/46**
(Other)

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

41688

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.....

Frank J. [Signature]

Licensed Embalmer No.....

2645

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.