S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25983

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6747

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 days (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street Address 309 East Bodley 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Virginia Ringo
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced S. d
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 12 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	5	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Secretary
11. Industry or business Westinghouse

MOTHER FATHER
12. Name Edw. E. Ringo
13. Birthplace Liberty, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Virginia Samuel
15. Birthplace Liberty, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Ringo Duhring
(b) Address 5560 Waterman
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Alexander Hodge
(b) Address 6175 Delmar
19. (a) JUL 18 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 17 year 1947 hour 8 minute 05 A.M.
21. I hereby certify that I attended the deceased from June 5 1947 to July 17 1947 and that I last saw he alive on July 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct posterior c̄ rupture of myocardium — Duration 3 days
Due to Arteriosclerotic heart disease — Duration ?
Due to Arteriosclerosis. — Duration ?
Other conditions (Include pregnancy within 3 months of death) Intertrochanteric fract. left femur
Major findings: Of operations Neufeld nail of fracture
Of autopsy Myocardial infarct c̄ rupture

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) Accident 125
(b) Date of occurrence JUNE 5, 1947
(c) Place of injury occ KIRKWOOD (City or town) St. Louis (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? NO (e) Means of injury FALL
23. Signature David R. Oliver (M. D. or other) MD
Address Barnes Hospital Date signed 7-17-47

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCulloh

Licensed Embalmer No. 2760

P. O. Address 6170 Delmar

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.