S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 3 1/47

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 33197

Registrar's No. 1960

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 22 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston (If outside city or town limits, write "RURAL") 0
(d) Street No. 1333 Gregan (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Thomas Rittmeyer
3. (b) If veteran, name war No
3. (c) Social Security No. 490-14-5847
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June (Month) 3 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	3	11	hr. min.

9. Birthplace Hecker (City, town, or county) illinois (State or foreign country)
10. Usual occupation Stock Clerk
11. Industry or business Famous Barr
FATHER
12. Name Joseph Rittmeyer
13. Birthplace illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Parkison
15. Birthplace illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. E Johnson
(b) Address 1332 Gregan Ph Wellston
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) 9-18-47 (Date received local registrar) (b) Cecil A J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1947 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept. 7, 1947, to Sept. 14, 1947; that I last saw him alive on Sept. 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of myocardium

Due to arteriosclerotic coronary thrombosis

Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Myocardial infarction Coronary arteriosclerosis + thrombosis

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature [signature] (M. D. or other)
Address Date signed 9-15-47

Jefferson City Printing Co.

(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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.