S. No. 2
M—1/47
r. 5-17-39

#79562

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40107

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10653

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

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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ado
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3324 CALIFORNIA AVE 9
(If rural, give location)
24
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY RITTER
3. (b) If veteran, name war ✓
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife WILLIAM RITTER
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased JANUARY (Month) 6 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	10	12	hr. min.

9. Birthplace ST ROSE (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business AT HOME
FATHER
12. Name UNKNOWN 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant MRS AGNES HOLLERBACH
(b) Address 3854 LOUGHBOROUGH AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation S.S PETER + PAUL CEM
18. (a) Signature of funeral director Wm J Robert L + U. Co
(b) Address 1905 So. GRAND BLVD
19. (a) NOV 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th
year 1947 hour 4 minute 05P M.
21. I hereby certify that I attended the deceased from 11/15/47
, 19, to Nov. 18th 1947
that I last saw her alive on Nov. 18th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Intraventricular hemorrhage -
Due to Thrombosis lenticulo striate artery - left
~~Due to~~ encephalo malacia
Other conditions Hypertension Cardiovascular disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 John W Kohler (M. D.) 11/19/47
Address 1615 Lafayette Date signed

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 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.