

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3607

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>999</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>Roy</u> c. (Last) <u>Ritter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-15-1920</u>
9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Columbia Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Louis Ritter</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Kremmel</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Louis Ritter</u>		ADDRESS <u>Columbia Ill</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RT. hemiplegia, cerebral</u> INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Senil weakness following accident in Apr. 1945 which left her paralyzed from waist down. Fall as line from Tel. pole caused original paralysis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>3501 430</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Apr 1945</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>work</u>	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>I understand a fall from Tel. pole.</u>	
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>18</u> , to <u>Jan 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Jan 1</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edmund J. Lunny</u>		23b. ADDRESS <u>Cuba, Mo</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Ill</u>
DATE REC'D BY LOCAL REG. <u>1-14-49</u>	REGISTRAR'S SIGNATURE <u>Thurmond Lunny</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. G. Schneider Columbia Ill</u>	

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

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-----

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Howard G. Rowland

Licensed Embalmer No. *9114*

P. O. Address *St. Louis 10 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.