

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14094

State File No. _____

Registrar's No. 3816

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 3816					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		17							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY'S HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>1321 S. 13th ST.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) _____			c. (Last) <u>RITTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 27, 1949</u>				
5. SEX <u>M U</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 18, 1890</u>		9. AGE (In years last birthday) <u>58</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>Tailor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>National Tailoring Co.</u>				11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>UNKNOWN</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>				16. SOCIAL SECURITY NO. <u>490-01-0187</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gerhard B. Roewers 3158 Portis Pl.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perinephritic Abscess</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulcerating Nephrolithiasis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION <u>4-27-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Stone in Left Kidney</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>134th</u>									
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>602X</u>									
22. I hereby certify that I attended the deceased from <u>Apr 2, 1949</u> to <u>Apr 27, 1949</u> , that I last saw the deceased alive on <u>Apr 27, 1949</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>John W. Danker M.D.</u>				23b. ADDRESS <u>103318 S. Grand</u>				23c. DATE SIGNED <u>4-28-49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cen.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>							
DATE RECD BY LOCAL HEALTH DEPT. <u>APR 28 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Will Bros. S. & H. Co. 2929 S. Jefferson Ave.</u>							

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

[Handwritten signature]

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.

Signed *[Handwritten Signature]*

Signed _____
Student Embalmer

Licensed Embalmer No. *374*

P. O. Address *2929 Jefferson*

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.