

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28803

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 13069 Registrar's No. 2264

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>W. MO.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWNSHIP) <u>Richmond Heights, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>3619 Lafayette, Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Minnie</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Ringer</u>	(Month) <u>Aug</u> (Day) <u>26</u> (Year) <u>1949</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 26, 1867</u>	9. AGE (In years) <u>82</u> (Month) <u>7</u> (Day) <u>11</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Crawford county, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Stuart</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie Settle</u>	14. NAME OF HUSBAND OR WIFE <u>1. Marshal Ringer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>Nil</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Unice Ewing</u> ADDRESS <u>3619 Lafayette</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE UNCERTAIN</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		<u>44-2X</u> <u>7 DAYS</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BILATERAL ACUTE PAROTITIS</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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?
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22. I hereby certify that I attended the deceased from MARCH 29, 1939, to AUG 26, 1949, that I last saw the deceased alive on AUG. 26, 1949, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Malvin J. Huber, M.D.</u> (Degree or title)	23b. ADDRESS <u>634 N. Grand</u>	23c. DATE SIGNED <u>Aug. 27, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yates</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-29-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Hoppe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert H. Hoppe</u> ADDRESS <u>4700 Washington</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17-c

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 - *Elmer R. Padwell*

Licensed Embalmer No. *4077*

P. O. Address \_\_\_\_\_

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.