

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18990

State File No. _____

317

6076

1424

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Maryridge		c. LENGTH OF STAY (In this place) 9 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Maryridge		d. STREET ADDRESS (If rural, give location) 3524 Eastridge Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3524 Eastridge Lane				4. DATE OF DEATH (Month) (Day) (Year) 6)7)50			
3. NAME OF DECEASED (Type or Print) Andrew		a. (First) J.		b. (Middle) Ritter		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 29, 1865	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) West Virginia	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Building		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ritter		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Elizabeth Johnson Ritter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Andrew Ritter 4425 So. 38th St.			
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) Terminal uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Renal arterio sclerosis Cerebral hemorrhage DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulosis colon				INTERVAL BETWEEN ONSET AND DEATH 4 days 5 yrs 2 obs ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 6/2 , 19 50 , to 6/7 , 19 50 , that I last saw the deceased alive on 6/6 , 19 50 , and that death occurred at 10:40 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter A. Gray M.D.				23b. ADDRESS 3209 Basin Road		23c. DATE SIGNED 6/7/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6)9)50		24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 7 1950		REGISTRAR'S SIGNATURE Robert P. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Callery's Funeral Home 10123 St. Charles Rd			

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

4000
1

8

4000
5

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Sheldon Collier

Signed.....
Student Embalmer

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Chas. Rd*

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.