No. 300
10:48

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

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22218

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1309

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US MARINE HOSPITAL, KIRKWOOD, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 4231a Margaretta

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): C.
c. (Last): RITTER

4. DATE OF DEATH (Month) (Day) (Year): MAY 21, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 7-7-20
9. AGE (In years last birthday): 29 — 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): Deckhand on river
10b. KIND OF BUSINESS OR INDUSTRY: Seaman
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Ritter
13b. MOTHER'S MAIDEN NAME: Mary Ballard
14. NAME OF HUSBAND OR WIFE: XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II 1942 (33 days)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: US MARINE HOSPITAL, KIRKWOOD, MO.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant hypertension — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac decompensation — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Insipidus — 26 yrs.

19a. DATE OF OPERATION: XX
19b. MAJOR FINDINGS OF OPERATION: XX
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): XX
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): XX
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): XX
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XX m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: XX

443X

22. *I hereby certify that I attended the deceased from* March 15, 19 50, *to* May 21, 19 50, *that I last saw the deceased alive on* May 21, 19 50, *and that death occurred at* 3:37 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. J. DORSET, Sr. Surg.
23b. ADDRESS: US MARINE HOSPITAL, KIRKWOOD, MO.
23c. DATE SIGNED: 5-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5/25/50
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: 5-23-50
REGISTRAR'S SIGNATURE: Herbert R. Womble
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Street + Carroll 4600 Natl Bridge

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 4

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 Ben Hofman

Licensed Embalmer No. 4364

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.