

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25450

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1774

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
 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) St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
 d. STREET ADDRESS (If rural, give location) 3108 Elinore Ave.

3. NAME OF DECEASED
 a. (First) ELIZABETH b. (Middle) _____ c. (Last) RITCH

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

5. SEX
Female 3

6. COLOR OR RACE
Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH
Oct. 24, 1876

9. AGE (In years) (Months) (Days) (If under 1 year last birthday) 73 8 27 IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
St. Louis, Mo.,

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
John Payne

13b. MOTHER'S MAIDEN NAME

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)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Charles Aitch 1305 N. Prairie

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) Cerebral thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arteriosclerosis
 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
332X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
332X

20. AUTOPSY?
 YES NO

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) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13-1950, to 7-21-1950, that I last saw the deceased alive on 7-21-1950, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE R. P. Cole, M.D. (Degree or title)

23b. ADDRESS 601 Buchanan, Clayton, Mo.

23c. DATE SIGNED 7-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE 7-25-50

24c. NAME OF CEMETERY OR CREMATORY Father Dicksons

24d. LOCATION (City, town, or county) (State)
Kirkwood Mo.

DATE REC'D BY LOCAL REG.
7-24-50

REGISTRAR'S SIGNATURE
Herbert G. Donke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
E. B. Kozice 1221 N. Grand

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

1cc 4022

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.....
Student Embalmer

Signed *Clarence Brown*

Licensed Embalmer No. *4755*

P. O. Address *1221 N. Green*

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.