

FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11195

State File No.

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>8450</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>STE. GENEVIEVE R.R. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARTIN</u>	b. (Middle) <u>BERNARD</u>	c. (Last) <u>RINGWALD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 19 1951</u>
-------------------------------------	--------------------------	----------------------------	---------------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (1)</u>	8. DATE OF BIRTH <u>OCT 2 1887</u>	9. AGE (In years last birthday) <u>63</u>	If UNDER 1 YEAR Months Days	If UNDER 1 HR. Hours Min.
--------------------	-------------------------------	--	------------------------------------	---	-----------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>STE. GENEVIEVE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>MATHIAS RINGWALD</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BARK</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martin H. Ringwald Sr. Ste. Genevieve Mo</u>	ADDRESS
--	-------------------------------------	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3/19/51</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>4201</u> YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from March 18, 1951, to March 19, 1951, that I last saw the deceased alive on March 18, 1951, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Lawrence M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ste. Genevieve Mo</u>	23c. DATE SIGNED <u>3/19/51</u>
---	-------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING Cem</u>	24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Mar 24 51</u>	REGISTRAR'S SIGNATURE <u>Genevieve M. Karl</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Genevieve M. Karl</u>	ADDRESS
---	--	---	---------

0950
1

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 29 1951

RECEIVED

APR 3 1951

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

Adrian J. Eller
4740

Licensed Embalmer No. _____

P. O. Address *Ste. Genevieve, 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.