

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43514

State File No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4106

4002
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Winloch 4091</u>		9. OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>St Louis County Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>929 SCOTT AVE</u>		
3. NAME OF DECEASED (Type or Print) <u>ROBERTA</u>	a. (First)	b. (Middle)	c. (Last) <u>RINGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 33 51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>16 July 1894</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>5 7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Walla Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Walter Stokes</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Eli Ringer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>EMMA McGuegan 1274 Walsh Kintloch</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Cardiovascular disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>lues, type undetermined</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4:43X</u>			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?			
22. I hereby certify that I attended the deceased from <u>12-21, 1951</u> , to <u>12-23, 1951</u> , that I last saw the deceased alive on <u>12-23, 1951</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D.L. Wachtel</u>		(Degree or title) <u>D.M.D.</u>	23b. ADDRESS <u>6018 Brentwood Clayton</u>		23c. DATE SIGNED <u>12/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>Keokuk Mo</u>		
DATE REC'D BY LOCAL REG <u>12-27-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Bonke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros</u>		ADDRESS <u>Kintloch Mo</u>

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

Edward A. Flynn

Licensed Embalmer No. *4444*

P. O. Address *9548^a Joyce Blvd*

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.