

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

45045

State File No. _____

S. No. 300
v. 10.48

FILED JAN 26 1959

11976

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|--|-------------------------------|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (in this place) 12 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | 2199 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital. | | | | d. STREET ADDRESS (If rural, give location) 19 210 N. Sarah St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) C. b. (Middle) Frank c. (Last) Ritchey. | | | 4. DATE OF DEATH (Month) (Day) (Year) 12 27 1952 | | | | |
| 5. SEX M | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 10-10-1896 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hat worker | | | 10b. KIND OF BUSINESS OR INDUSTRY Int. Hat Co. | | 11. BIRTHPLACE (State or foreign country) Hamilton Co. Ill. / | | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Samuel C. Ritchey | | 13b. MOTHER'S MAIDEN NAME Margaret Ann Davis | | 14. NAME OF HUSBAND OR WIFE Judson Crider Ritchey | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1 | | 16. SOCIAL SECURITY NO. 491-14-8141 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Judson Ritchey, 210 N. Sarah St. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" 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) _____ | |
| 21d. TIME OF INJURY _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4201. | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45pm. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Patrick E Taylor Coroner (Degree or title) _____ | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 12-29-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-30-1952 | | 24c. NAME OF CEMETERY OR CREMATORY National Jeff Bks | | 24d. LOCATION (City, town, or county) (State) St Louis County | |
| DATE REC'D BY LOCAL REG. DEC 29 1952 | | REGISTRAR'S SIGNATURE J. Earl Smith, MD. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger - Fenwick Funeral Home. | | | |

30 (Licensed Embalmer's Statement on Reverse Side) 3402 N. Kingshighway.

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

DEC 20 1954

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

Thomas R. Fenwick

Licensed Embalmer No.

3793.

P. O. Address

3402 N. Kingshighway

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.