

STANDARD CERTIFICATE OF DEATH

State File No. 3610

10-48

FILED NOV 5-1953

REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give town) Rolla, Mo.		c. LENGTH OF STAY (In this place) 7 wks.		c. CITY OR TOWN Rural-		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home				e. STREET ADDRESS (If rural, give location) Northwest of St. James			
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) Henry		c. (Last) Ritter		4. DATE OF DEATH (Month) (Day) (Year) Oct 28-1953
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married		8. DATE OF BIRTH Sept 23, 1885	
9. AGE (In years last birthday) 68		10. UNDER 1 YEAR 1		11. UNDER 1 YEAR Days 5		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, retired				10b. KIND OF BUSINESS OR INDUSTRY Post Office		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Frank Ritter		13b. MOTHER'S MAIDEN NAME Margaret Simon	
14. NAME OF HUSBAND OR WIFE Rose Ritter				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME Rose Ritter - St. James, Mo.				17. ADDRESS St. James, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of bladder (primary)				INTERVAL BETWEEN ONSET AND DEATH ?			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
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				181X			
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)		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 9-14, 1953, to 10-26, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE E. E. Feind m.d.				23b. ADDRESS Rolla Mo.		23c. DATE SIGNED 10-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 31-1953		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. Oct. 29, 1953		REGISTRAR'S SIGNATURE Nadine L. Stall		370		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orval E. Licklider - St. James, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 15 1953

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orval E. Licklider

Licensed Embalmer No. 354

P. O. Address St. James

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.