

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44443

State File No.

11768

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11768

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellefontaine Neighbors</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pronounced dead City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>10430 Bellefontaine Rd</u>	
3. NAME OF DECEASED a. (First) <u>AUGUST</u> b. (Middle) <u>H.</u> c. (Last) <u>Ritter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-9-1885</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Poultry farm</u>	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>Otto Ritter</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Roeder</u>	14. NAME OF HUSBAND OR WIFE <u>Genevieve</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 <u>Genevieve Ritter</u> ADDRESS <u>10430 Bellefontaine Rd</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mediastinal Rerarrhage</u> ANTECEDENT CAUSES <u>Te of Sternum. Cardiac</u> DUE TO (b) <u>Myopathy, suffered when he was driving</u> DUE TO (c) <u>went out of control and struck a tree in front of</u> II. OTHER SIGNIFICANT CONDITIONS <u>around 1010 am Dec 12 1953</u> Conditions contributing to the death but not related to the disease or condition causing death _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>8544 Concord Place.</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 12 5310⁰ AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		21g. _____	
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 <u>1010 AM</u> , from the causes and on the date stated above. <u>31</u>			
23a. SIGNATURE <u>Patrick E. Taylor</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>12/14/53</u>		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>DEC 14 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orion Little</u> ADDRESS <u>2707 9th St</u>	

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

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 _____

J. Allen Davis
Licensed Embalmer No. 4058
P. O. Address St. Louis
Mo. 195

Signed.....
Student Embalmer

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.