

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 31021

FILED OCT 8 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2141

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		c. LENGTH OF STAY (in this place) <u>3 MONTHS</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is 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 <u>Good Shepherd Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>5945 Cote Brilliante Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>Ritterbusch</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>9/13/55</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>8/8/1876</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barbar</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Ritterbusch</u>			13b. MOTHER'S MAIDEN NAME <u>Luncida Zimer</u>			14. NAME OF HUSBAND OR WIFE <u>Ada Ritterbusch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ada Ritterbusch 5945 Cote Brilliante</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the sigmoid colon with extension to urinary bladder and pelvic glands</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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 <u>2-13</u>		19b. MAJOR FINDINGS OF OPERATION <u>100% F53X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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>Dec 22, 1954</u> , to <u>13 Sept, 1955</u> , that I last saw the deceased alive on <u>12 Sept, 1955</u> , and that death occurred at <u>2:05 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Luke A. Knesse MD</u>				23b. ADDRESS <u>1506 Hodiamont Ave.</u>		23c. DATE SIGNED <u>13 Sept 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/15/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-13-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombro</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pos. W. Clair Funeral Home 1125 Hodiamont Ave.</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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *330*

P. O. Address *St Louis*.....

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.