FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33838

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 199

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route near Kimmswick, Mo.
c. LENGTH OF STAY (in this place): 3mo15days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Four Oaks Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jefferson
c. CITY OR TOWN: near Kimmswick
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Imperial, Mo. Rural Route

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle):
c. (Last): Ritter

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19, 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 22, ~~1875~~ 1875

9. AGE (In years last birthday): ~~81~~ 79
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): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (City and State or Foreign Country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Aaron Smith

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Leo A. Ritter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Donnell C. Ritter, 5601 Devonshire
ADDRESS: St. Louis, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc., but means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1955, *to* Oct 20, 1955, *that I last saw the deceased alive on* Oct 10, 1955 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: John G Kellett (Degree or Title) MD
23b. ADDRESS: 2627 Telegraph
23c. DATE SIGNED: 10/21/1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 22, 1955
24c. NAME OF CEMETERY OR CREMATORY: Rauschenbach Cem.
24d. LOCATION (City, town, or county) (State): Imperial, Mo.

DATE REC'D BY LOCAL REG.: 10-22-1955
REGISTRAR'S SIGNATURE: Ruth Jones 43-
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Heiligtag Funeral Home, Imperial, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 26 1955

NOV 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmer Heiligtag

Licensed Embalmer No. 357

P. O. Address Imperial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.