

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18573

State File No.

FILED JUN 7 1956

BIRTH NO. 42395-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5187

1. PLACE OF DEATH a. COUNTY		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>ST. LOUIS Mo</u>		c. LENGTH OF STAY (In this place) <u>24</u> HOURS		c. CITY OR TOWN <u>ST. LOUIS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INCARNATE WORD Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>2908 - CHEROKEE ST</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT GIRL</u> b. (Middle) <u>MARY</u> c. (Last) <u>RYTERSKI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-25-56</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>MAY 25 1956</u>	9. AGE (In years last birthday) <u>—</u>	10. IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS Mo</u>	12. COUNTRY OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>JOSEPH RYTERSKI</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE SZULE</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH RYTERSKI</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>Miscarriage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Caust unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776x</u>			20. AUTOPSY? YES <input 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) (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>5-25-56</u> to <u>5-25-56</u> , that I last saw the deceased alive on <u>5-25-56</u> , and the death occurred at <u>10:55 P.M.</u> from the causes and of the date stated above.						
23a. SIGNATURE <u>Carl Smith</u>		23b. ADDRESS <u>2035 Grand</u>		23c. DATE SIGNED <u>5/28/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 28 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u>		24f. ADDRESS <u>2906 Grand</u>		
DATE REC'D BY LOCAL REG. <u>MAY 29 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....

Signature of Student Embalmer

Not Embalmed

Signed.....

Lo J Budd

Licensed Embalmer No.....

39

P. O. Address.....

St. Louis

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