

FILED DEC 27 1956
SL-12047

STANDARD CERTIFICATE OF DEATH

43761

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11001

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY LAWRENCE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915.N. GRAND. ST. LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LAWRENCEVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL			Length of stay in 1b 5DAYS		d. STREET ADDRESS ROUTE # 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GLENN Middle A Last RITTER				4. DATE OF DEATH Month 11 Day 30 Year 56					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-30-92	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) VANDALIA, ILL.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME GLENN B RITTER				14. MOTHER'S MAIDEN NAME LONA BELLE SHARP					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		(If yes, give war or dates of service) WW. 1		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT MISSOURI. VA HOSPITAL RECORDS. 915 N. GRAND. ST. LOUIS		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, CAUSE UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) MONOCYTTIC LEUKEMIA DUE TO (c) 204.2							INTERVAL BETWEEN ONSET AND DEATH 2 WKS. 6 MOS.		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. Attended the deceased from 11-25-56 to 11-30-56 and last saw him ^{her} alive on 11-30-56 Death occurred at 8:10 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Charles M. D.</i> CHARLES M. D.			(Degree or title)			22b. ADDRESS : ST. LOUIS, MO. VA. HOSPITAL 915 N. GRAND.		22c. DATE SIGNED 11-30-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-30-56		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Lawrenceville, Illinois.			
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.,			ADDRESS		25. DATE RECD. BY LOCAL REG. DEC 1 1956.		26. REGISTRAR'S SIGNATURE <i>Carl Smith md</i> acm		

YS MAY 26 1960

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 *Elmer P. Sadwell*

Licensed Embalmer No. *40*

P. O. Address *St. J.*

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