

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 027572  
STATE FILE NUMBER
 Registration District No. 42 Primary Registration District No. 1000C1 Registrar's No. 945

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Joseph</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>St. Joseph</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1307 S. 15th St.</u>   |                                  | Length of stay in lb<br><u>life</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>1307 So. 15th</u>                           |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>ANNA</u> Middle <u>SCHUDER</u> Last <u>RITTER</u>   |                                  |   | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>24</u> Year <u>1957</u>  |   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Oct. 20, 1873</u>  |   | 9. AGE (In years last birthday) <u>83</u><br>IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>own home</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Joseph, Mo.</u>                            |  |
| 13a. FATHER'S NAME<br><u>George Schuder</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Kathrine Jaeck</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Chris Ritter</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  |   | 17. INFORMANT<br><u>Mrs. Erma Muehlenbacher</u> Address <u>1307 S. 15th St. St. Joseph, Mo.</u> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cardiac Failure -</u><br><u>Arteriosclerosis Gen</u><br><u>myocardial insufficiency</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).<br><u>Semility</u> |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>months</u><br><u>Yrs</u><br><u>Yrs.</u>         |
| 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |                                  |   |   |   |  |
| 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. I attended the deceased from <u>5-30-51</u> to <u>8-24-57</u> and last saw her alive on <u>8-2-57</u><br>Death occurred at <u>5:20p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |   |  |
| 22a. SIGNATURE<br><u>Robert M. Kueber, M.D.</u> (Degree or title)  |                                  |   | 22b. ADDRESS<br><u>St Joseph Mo</u>   |   | 22c. DATE SIGNED<br><u>8-27-57</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   |                                  | 23b. DATE<br><u>8/26/1957</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Ashland Cemetery</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Missouri</u>           |
| 24. FUNERAL DIRECTOR<br><u>Heaton-Bowman</u>   |                                  | ADDRESS<br><u>St. Joseph, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>Sept. 3, 1957</u>  | 26. REGISTRARS SIGNATURE<br><u>Mrs. Robert Fulton</u>                                  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *William Gulberg*

Licensed Embalmer No. *4535*  
P. O. Address *215 10th Ave*

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.

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