

STANDARD CERTIFICATE OF DEATH

38049
STATE FILE NUMBER
9450
Registrar's No.

FILED OCT 21 1957

318

1003

Registration District No. _____ Primary Registration District No. _____

S. 300
1-57

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, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Baptist</u>		Length of stay in 1b <u>50 yrs</u>	
STREET ADDRESS <u>605 Clara Ave.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Dorothy S Ringwald</u>			4. DATE OF DEATH Month Day Year <u>October 8 1957</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 13. 1888</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Springfield Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Charles P. Seymour</u>	
13b. MOTHER'S MAIDEN NAME <u>Blanche Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph P. Ringwald</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year & dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <u>Ralph C. Ringwald 2845 Gilwood</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myo cardiac insufficiency 1 day</u> DUE TO (b) <u>Thrombus mural, left ventricle 3 day</u> DUE TO (c) <u>mesenteric thrombosis 3 day</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Old myo cardiac infarction - 1 yr</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>4201</u>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <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>3:30 PM 10-8-57</u> to <u>time of death</u> and last saw her alive on _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Hanford Phillips MD</u>		22b. ADDRESS <u>1117 N. Union</u>	22c. DATE SIGNED <u>10-10-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 11, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Lebanon</u>
23d. LOCATION (City, town, or county) <u>St. Louis Co., MO.</u>		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS <u>Wm. J. Morrell 3710 N. Grand Blvd</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 10 57</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> <u>mfs.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Elton R. Remelius*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis, Mo.*

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.