Health, Welfare Public Service

300
1-57
4
37
0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003460
STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 833

FILED FEB 10 1959

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]

c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Anthony Hospital — Length of stay in lb 80 yrs

d. STREET ADDRESS (If outside, give location) 2039 6205 Marmaduke Ave — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Oscar Middle Last Ryffel

4. DATE OF DEATH Month Day Year Jan. 23, 1959

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] 1 DIVORCED [ ]

8. DATE OF BIRTH Nov. 11, 1879

9. AGE (In years last birthday) 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) Plumber (retired)

10b. KIND OF BUSINESS OR INDUSTRY Plumbing

11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Ryffel

13b. MOTHER'S MAIDEN NAME unknown Thoma

14. NAME OF HUSBAND OR WIFE Lotta B. Judlin Ryffel

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

16. SOCIAL SECURITY NO. 494-05-4447

17. INFORMANT Address Oscar Ryffel, Jr., 3350 Macklind Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — unknown

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal ulcer.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 2-21-52, to 1-23-59 and last saw ~~her~~ him alive on 1-23-59
Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond T. Martin, MD 0

22b. ADDRESS 5203 Chippewa

22c. DATE SIGNED 1-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE Jan. 27,1959

23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS BEIDER.TIEDEN F.H.INC.,1936 St.Louis Ave

25. DATE RECD. BY LOCAL REG. JAN 26 59

26. REGISTRAR'S SIGNATURE Earl Smith MD
MJB.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Dr. Raymond T. Martin
5203 Chippewa St.

12 noon to 3 PM

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 .....

Licensed Embalmer No. 3882

P. O. Address .....

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.