

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011318
STATE FILE NUMBER
2966

FILED APR 6 1959 Registration District No. Primary Registration District No. Registrar No.

300
-57
0
592
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> 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>5602 Washington Court</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>5602 Washington Court</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle <u>WEBB</u> Last <u>RITCHEY</u>			4. DATE OF DEATH Month <u>March</u> Day <u>22</u> Year <u>1959</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>Jan 13, 1876</u>
9. AGE (In years lost birthday) <u>82</u>		10. FUNDING YEAR Months <u>2</u> Days <u>9</u>	11. IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Brownsville Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas I Webb</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Williams</u>		14. NAME OF HUSBAND OR WIFE <u>John E. Ritchey</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Miss Mary Webb Nashville Tenn.</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>Broncho Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio sclerosis general</u> DUE TO (c) <u>H.S.O.D</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3-15 to date</u>
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 checked="" 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> </u>	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>		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.) <u> </u>		20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>Feb. 9, 1957</u> to <u>3-22-59</u> and last saw her alive on <u>3-22-59</u> Death occurred at <u>5:00</u> <u>March 27</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm. H. K. Smith</u> (Degree or title)		22b. ADDRESS <u>4501 Olive St. Louis</u>	
22c. DATE SIGNED <u>March 27</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
23b. DATE <u>3/24/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County Missouri.</u>		24. FUNERAL DIRECTOR ADDRESS <u>C.F. Lupton and Sons 7233 Delmar Blvd.</u>	
25. DATE RECD. BY LOCAL REG. <u>MAR 24 '59</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

~~1:30~~ 1:30 P.M. Monday

(RITCHIEY
CITY DIST)

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.