

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027935

FILED VS AUG 13 1959

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 39

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Warren</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Warrenton</b>		Length of stay in 1b <b>13 mo</b>		c. CITY OR TOWN <b>New Melle</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katy Jane Memorial</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Eliza</b> Middle Last <b>Ritter</b>				4. DATE OF DEATH Month <b>August</b> Day <b>5</b> Year <b>1959</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-27-71</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Duties</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home Duties</b>		11. BIRTHPLACE (City and state or country) <b>New Melle, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>G. W. Karrenbrock</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>August G. Ritter</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Hubert C. Ritter, St. Charles, Mo.</b>			Address <b>208 S. 5th St.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia, Bilateral, Hypostatic</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease with Generalized Arteriosclerosis</b>							unknown		
DUE TO (c) <b>Senile Dementia</b>							unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m.		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 <b>July 16, 1958</b> to <b>Aug. 5, 1959</b> and last saw her alive on <b>Aug. 4, 1959</b> Death occurred at <b>2:15</b> P.m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Physician or other)				22b. ADDRESS				22c. DATE SIGNED <b>8-8-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/8/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>E. &amp; R. Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Marthasville, Missouri</b>					
24. FUNERAL DIRECTOR <b>T. J. Pitman, Wentzville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Aug. 8, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Lloyd Logan</b>			

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 Carlton Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.