

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS, MAY 31 1960

=60-021814

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1489

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Motgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b 5 Days	c. CITY OR TOWN New Florence, Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis County Hosp		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 type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle RITTER Last			4. DATE OF DEATH Month May Day 6 Year 1960		
5. SEX M	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec-6-1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR IF UNDER 24 HR Months 5 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mc Kittrick, Mo	12. CITIZEN OF WHAT COUNTRY U S	

13a. FATHER'S NAME James Ritter		13b. MOTHER'S MAIDEN NAME Fanny Yancy		14. NAME OF HUSBAND OR WIFE Nettie Ritter, CORDIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-14-1352		17. INFORMANT Hermann Ritter 722 Marshall Ave Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRO-VASCULAR THROMBOSIS.			INTERVAL BETWEEN ONSET AND DEATH 7 days
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS			UNKNOWN
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMONIA; CHRONIC PYELONEPHRITIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 1, 1960 to May 6, 1960 and last saw ^{her} him alive on May 6, 1960
Death occurred at 8:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Ronald C. Gammie M.D.		22b. ADDRESS 601 S. Brentwood Bl. Clayton Mo		22c. DATE SIGNED 5-7-60
23a. BURIAL, CREMATION, ETC. (Specify) BURIAL	23b. DATE 5-10-1960	23c. NAME OF CEMETERY OR CREMATORY Loutre Island Cemetery	23d. LOCATION (City, town, or county) (State) Mc Kittrick, Mo	
24. FUNERAL DIRECTOR Baker Funeral Home New Florence, Mo		25. DATE RECD. BY LOCAL REG. 5-7-60		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

6-27-61
 W. J. H. M. + M. J. L.
 DOCUMENT M. J. L.
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF **John B. Murphy**

VS MAY 31 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed DB Baker

Licensed Embalmer No. 3375

P. O. Address New Florence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.