

IIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED **VS** SEP 12 1960

-60-033250
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 576 Registrar's No. 2538

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|---|----------------------------------|---|--|---|---|--|---|---|------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland, Missouri. | | Length of stay in 1b 4 days | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lackland Nursing Home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3672 Hickory Street., | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Ray Middle O. Last Ritter | | | 4. DATE OF DEATH Month August Day 26 Year 1960. | | | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 2/2/1891 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Wabash Rail-road | | 11. BIRTHPLACE (City and state or country) Macomb, Illinois. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |
| 13a. FATHER'S NAME Warren H. Ritter | | | 13b. MOTHER'S MAIDEN NAME Amanda Miller | | | 14. NAME OF HUSBAND OR WIFE Ucie Ritter, | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 1 | | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT Martha Fischer, 10310 Eaglewood, Meadowbrook Downs, 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) C.V.A. (Cerebral Vascular accident) DUE TO (b) Hypertension DUE TO (c) arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 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 Aug 23-1960 and last saw him live on Aug 25, 1960 Death occurred at 9:10 PM 8-26-60 on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) L.P. Williams D.O. | | | | 22b. ADDRESS 10424 Lackland rd. | | | | 22c. DATE SIGNED 8-27-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 8/29/60 | | 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | | 23d. LOCATION (City, town, or county) (State) Mexico, Missouri. | | | |
| 24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington Blvd., | | | | ADDRESS 8-29-60 | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE John C. Murphy M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 12 1960

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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 Harry E. Morris

Licensed Embalmer No. 449

P. O. Address St. Louis

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.