

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-036932

FILED VS SEP 21 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2724 STATE FILE NUMBER

NDE

1. PLACE OF DEATH a. COUNTY St. Louis County, Missouri		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 Richmond Heights		Length of stay in 1b 1 week	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 St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4380 Laclede Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ERNEST Middle GUSTAV Last RITZEL			4. DATE OF DEATH Month Sept. Day 13, Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/28/1886	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintenance man		10b. KIND OF BUSINESS OR INDUSTRY hospital	11. BIRTHPLACE (City and state or country) Mascoutah, Illinois		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Martin Ritzel		13b. MOTHER'S MAIDEN NAME Katherine --		14. NAME OF HUSBAND OR WIFE Mary Rieken	
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. 500-30-7796		17. INFORMANT Address C. H. Rieken, 3518 Lincoln Ave. (20)	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Acute stenosis & congestive failure</i>		<i>2 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Chronic silent Heart Disease</i>	<i>5-10 years</i>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>adenocarcinoma l. kidney</i>		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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Month, Day, Year a.m. p.m.	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 Nov. 3, 1958 to Sept 13, 1960 and last saw her/him alive on Sept 13, 1960
Death occurred at 8:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS <i>950 Francis Pl. Charleston Mo</i>		22c. DATE SIGNED <i>9-15-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>9/16/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>College Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Lebanon, Illinois</i>	
24. FUNERAL DIRECTOR ADDRESS <i>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</i>		25. DATE RECD. BY LOCAL REG. <i>9-15-60</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

BY AFFIDAVIT OF funeral director MEDICAL CERTIFICATION DOCUMENT

Dr. John Neutzel, MD
PA 6-1126
950 Francis Pl. (5)

2-5 PM Thursday

SEP 30 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 David Hein

SEP 30 1960

Licensed Embalmer No. 452

P. O. Address H. Low

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