

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**DEC 18 1936**

40582

**1. PLACE OF DEATH**

County Cape County Registration District No. 121  
 Township Dover Primary Registration District No. 3009  
 City Cape Hill (No. ....) St. .... Ward)

File No. ....  
 Registered No. 385

**2. FULL NAME**

Catherine Ringenheimer  
 (a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lewis Ringenheimer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26, 1864</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>1</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Old Capleton</u> <u>Cape Hill Co. Mo.</u>		
FATHER	13. NAME <u>George Schunzler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Ely Schaffer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Family</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rockham, Mo.</u> DATE <u>11-10</u> 19 <u>36</u>		
19. UNDERTAKER <u>Crawcraft - Alt</u> (ADDRESS) <u>Yorkwood, Mo.</u>		
20. FILED <u>1168</u> 19 <u>36</u> <u>J. M. Thompson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-7 1936, to 11-8 1936  
 I last saw him alive on 11-7 1936 Death is said to have occurred on the date stated above, at 4:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach with metastases to the liver  
 Date of onset 1-1-36

Other contributory causes of importance:  
No

Name of operation None Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?.....  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) R. A. Ritter M. D.  
 (Address) Cape Girardeau, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MEMORANDUM FOR THE DIRECTOR  
FROM: SAC, NEW YORK (100-100000)  
SUBJECT: [Illegible]

DATE: 5/6/56

RE: [Illegible]

[Illegible]

1

NY 100-100000

[Illegible]

[Illegible]

[Illegible]

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MAY 6 1956

[Illegible]

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[Illegible]