

B 241939

REC'D MAR 9 1939

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

7818  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township \_\_\_\_\_ Primary Registration District No. 111 Registered No. 340  
(c) City Richmond Heights (d) Street No. St. Mary's Hospital St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 236 Adele Beirne Richter

(a) Residence, No. 1208 Woodland Drive St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank C. Richter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
42 4 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as 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) St. Louis, Missouri

13. NAME John Beirne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Margaret Mee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT G. A. Gantz  
(ADDRESS) 1136 Moreland Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 25, 1939

19. FUNERAL DIRECTOR Robert J. Ambruster  
(ADDRESS) 6633 Clayton Road, Clayton, Mo.

20. FILED FEB 24 1939 W. M. Meyer, M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to February 23, 1939  
I last saw him February 22, 1939 alive on February 22, 1939 Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

Chronic myelogenous leukemia

Date of onset  
1936

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Blood Count. 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) Leaton Peterson M.D., M. D.  
(Address) 1008 Big Bend Rd.

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.

**STATEMENT BY LICENSED EMBALMER**

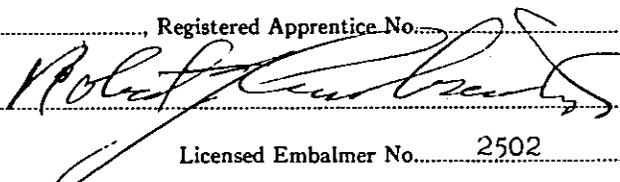
I, Edward H. Bockhorst....., Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.....

L. E......

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed 

Licensed Embalmer No. 2502

**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.)**