

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

FILED FEB 17 1940

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 2003
 (a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: 2013 East Gano Ave
 (d) Length of stay: In hospital or institution None
 In this community: Unknown

3. (a) PRINT FULL NAME Harry W. Richter
 3. (b) If veteran, name war None
 3. (c) Social Security No. 489-07-680

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of ~~husband~~ wife Clara Richter nee Schwemmer
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased August 29, 1885

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri

10. Usual occupation Paper handler

11. Industry or business Globe-Democrat

12. Name Henry Richter

13. Birthplace St. Louis Missouri

14. Maiden name Emma DIESING

15. Birthplace St. Louis Missouri

16. (a) Informant's own signature Mrs Clara Richter
 (b) Address 2013 East Gano Ave

17. (a) Burial (b) Date thereof 1/12/40
 (c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave
 19. (a) JAN 10 1940 (b) J. F. Baddeck

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (d) Street No. 2013 East Gano Ave
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 9
 year 1940 hour 3:00 AM minute _____

21. I hereby certify that I attended the deceased from Oct. 1, 39
 to Jan 9, 40
 that I last saw him alive on Jan 7, 40
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
 Due to _____

Due to Chronic Endocarditis
 Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence Jan 9, 1940
 (c) Where did injury occur? Home
 (d) Did injury occur in or about home, on a street, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature R. D. Richter (M. D. or other) _____
 Address 412 1/2 Newland St Date signed 1/9/40

Duration that duration
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James Hampton

Licensed Embalmer No.....

2967

P. O. Address.....

St. Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.