

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29507

Registration District No. 257

Primary Registration District No. 5998

Registrar's No. 148

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Emmaus Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 years
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Dorothy M. Risch
 3. (b) If veteran, name war =
 3. (c) Social Security No. =

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 26 1906
 (Month) (Day) (Year)

8. AGE: Years 34 Months -- Days 19
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business _____

12. Name Lucius J. Risch

13. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Elsa Kihnlein

15. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lucius J. Risch

(b) Address 3442 Montana

17. (a) Burial (b) Date thereof Aug 16 '40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Charles M. Messer

(b) Address 3013 Meramec

19. (a) 8-14-40 (b) Charles M. Messer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3442 Montana
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
 year 1940 hour 10.50 minute A. M.

21. I hereby certify that I attended the deceased from Aug 11 to Aug 14 1940
 that I last saw her alive on Aug 13 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Status Epilepticus
 Duration _____

Due to _____

Due to Epilepsy Life

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

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

23. Signature A. P. Perich (Name of other) _____

Address St. Charles Mo. Date signed 8/14/40

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.

REPRODUCED BY PERMITS OF THE REGISTERED PROFESSIONAL EMERALMERS ASSOCIATION OF MISSOURI

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.....

George P. Delisleault, Registered Apprentice No. _____
working under my personal supervision.

Signed.....

George P. Delisleault
Licensed Embalmer No. 2986

P. O. Address 3013 Miramonte

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.