

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37512**
Registrar's No. **9785**

791

1003

Registration District No.

Primary Registration District No.

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one week**
LIFE. (Specify whether for
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County
(c) City or town **St Louis** **10**
(If outside city or town limits, write "RURAL")
(d) Street No. **4262a Penrose Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME **Charles A Richter**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Ida Hannemann Richter**
6. (c) Age of husband or wife if alive years

7. Birth date of deceased **December 18 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 8
.....hr.min.

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

10. Usual occupation **Retired Tobacco Salesman**

11. Industry or business.....

12. Name **Charles Richter**

13. Birthplace **Germany**
(State or foreign country)

14. Maiden name **Wilhelmine Gehner**
(State or foreign country)

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **August Richter**

(b) Address **3812 Ashland Ave**

17. (a) **Burial** (b) Date thereof **Nov 29 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funeral Home Inc**

(b) Address **1936 St Louis Ave**

19. (a) **NOV 29 1940** (b) **J. F. Brudeck**
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **26**
1940 year hour **11:15 P** minute **P** M.

21. I hereby certify that I attended the deceased from **Nov 17 1940**
to **Nov 26 1940**
that I last saw him alive on **Nov 26** 1940
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Stenopleura caused by chronic myocarditis
Due to **Chronic Myocarditis**
Due to.....

Duration

11-21-40

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

23. Signature **J. F. Stricker M.D.** (M. D. or other)
Address **2901 N Newland** Date signed **11/27/40**

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

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.....

Harold Brown

Registered Apprentice No. *257*

working under my personal supervision.

Signed.....

[Signature]

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

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, fact should be so stated above.