

No. 2
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED AUSTANDARD CERTIFICATE OF DEATH

State File No. **26120**

Registration District No. **787 790**

Primary Registration District No. **7076033A**

Registrar's No. **1481**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis County Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **1-hour**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis 96**
(c) City or town **Pine Lawn**
(If outside city or town limits, write "RURAL")
(d) Street No. **6806 Grove Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edward Richt**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **494-09-9771**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Margaret Richt** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **April 21st., 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 24 hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **Texas Oil Co.**

12. Name **Jules Richt**

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

14. Maiden name **Ann Rothwell**

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

16. (a) Informant **Mrs. Margaret Richt**

(b) Address **6806 Grove Ave.**

17. (a) **Burial** (b) Date thereof **7-17-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **July 16 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15**
year **1941** hour **2:35** minute **A** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **By striking a concrete post while driving his own automobile on a public highway.**
Due to _____

Due to **Rupture of aorta; fracture of ribs, 1; fracture of ribs, right.**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **Yes**
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) **Accident**
(b) Date of occurrence **July 15, 1941**
(c) Where did injury occur? **Jennings, Mo. 096**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place.

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature **[Signature]** (M.D. or other)
Address **Kirkwood, Mo. 7/16/41** Date signed

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

MOTHER FATHER

JUL 29 1941

JUL 30 1941

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address: *3846 Kindell*

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.