

FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34543

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 49

1. PLACE OF DEATH:

(a) County. Cape Girardeau Mo  
(b) City or town. Cape Girardeau Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Southeast Missouri Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Perry 79  
(c) City or town. Berryville Mo  
(If outside city or town limits write "RURAL")  
(d) Street No. 133 S Walnut  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME. MRS. EMMA CHRISTINA RICHTER

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, married

6. (b) Name of husband or wife. Arthur J. Richter 6. (c) Age of husband or wife if alive. 63 years

7. Birth date of deceased. no 10 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 5 If less than one day hr. min.

9. Birthplace. Ireland Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Henry S. Smith

13. Birthplace. Ireland Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name. Sophia Rose

15. Birthplace. Ireland Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant. A. Richter

(b) Address. 133 S Walnut Berryville

17. (a) Burial (b) Date thereof. 10-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Berryville Mo

18. (a) Signature of funeral director. Young & Sons

(b) Address. Berryville Mo

19. (a) 10/18-41 (b) F.W. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14<sup>th</sup>  
year 1941 hour 8 minute 21 A.M.

21. I hereby certify that I attended the deceased from Oct 18 1941 to Oct 15 1941  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death. accidental fracture at base of skull.  
Due to fall down basement stairs head striking concrete.  
Duration 0/13/41 36

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

Major findings: Of operations. 1960

Of autopsy. 18

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 Oct. 13/1941

(c) Where did injury occur? at her home  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? yes (Specify type of place) (e) Means of injury falls

23. Signature. G. B. Schult (M. D. or other)

Address. Cape Girardeau. Date signed 10/15/41

1014 (Licensed Embalmer's Statement on Reverse Side)

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

6  
1  
4

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**