

S. No. 2  
M-9-4-4  
v. 5-17-39  
I X29484

19944

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5608**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

06  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
**1418a Newhouse Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **26 000 17**  
(c) City or town **St. Louis** **9**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1418a Newhouse Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Clara Risse**  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **29th.**  
year **1942** hour **9.30** minute \_\_\_\_\_ A. M.

4. Sex **Female** / 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Wid.**  
(b) Name of husband or wife **Herman Risse**  
(c) Age of husband or wife if alive **Decd.** years  
7. Birth date of deceased: **Nov. 6th. 1874**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **2/14/42**  
**6/29/42**, 19\_\_\_\_, to **6/17/42**, 19\_\_\_\_  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death **acute Colic dysentery** Duration **2 mos**

8. AGE: Years **68** Months **7** Days **23**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Hypertensive Heart Disease** **1 yr.**  
Due to **Hypertension** **1 yr.**  
Other conditions **Remiphysia** **2 mo.**  
(Include pregnancy within 3 months of death)

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housework**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name **? Buddick**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dont Know**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address **1418a Newhouse Ave.**  
17. (a) **Burial** (b) Date thereof **8-2-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Friedens Cemetery Provost Und. Co.**  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **3710 N. Grand Blvd.**  
19. (a) **JUN 30 1942 J. J. Buddick**  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **0**  
23. Signature **R. W. Crossman** (M. D. or other) **R. W. Crossman**  
Address **1409 Blair Ave** Date signed **6/30/42**

(Licensed Embalmer's Statement on Reverse Side)

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

Signed A. A. Smithers  
.....  
Licensed Embalmer No. 3916  
.....  
P. O. Address 3710 N. Grand B  
.....

**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.**