

S. No. 2
M-5-42
7-5-17-39-
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31187

State File No.

Filed OCT 8 1942

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 375

92
9
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
400 Jackson Street
(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 St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL.")

(d) Street No. 400 Jackson St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Bernard Leo Rischhoff

3. (b) If veteran, name war No

3. (c) Social Security No. 497-09-3763

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7
year 1942 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from June
1940, to Sept 7 1942
that I last saw him alive on Sept 7 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline Hummelshack

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February 18 - 1888
(Month) (Day) (Year)

Immediate cause of death Angina Pectoris Duration 6 yrs.

Due to.....

Due to.....

Other conditions Diabetes Mellitus 6 yrs.
(Include pregnancy within 3 months of death)
Chorea - Aug 12 - 42

8. AGE: Years Months Days If less than one day

54 6 19 hr. min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.

MOTHER FATHER { 12. Name Henry Rischhoff

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

14. Maiden name Josephine Hummelshack

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

16. (a) Informant Mrs. Pauline Rischhoff

(b) Address 400 Jackson, St. Charles, Mo

17. (a) Burial (b) Date thereof Sept 10 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem., St. Charles

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

18. (a) Signature of funeral director H.C. Dallmeier & Son Co.

(b) Address 800 N. Second, St. Charles, Mo

19. (a) 9-9-42 (b) Clarence G. Welsler
(Date received local registrar) (Registrar's signature)

23. Signature Vincent A. Schreiber (M. D. or other) MD

Address St. Charles, Mo Date signed Sept 11 - 42

C.W.

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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.....

John E. Dallmeyer

Licensed Embalmer No. *2957*

P. O. Address.....

St Charles Mo

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.