

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42044
State File No. _____
Registrar's No. **2549**

Registration District No. **784** Primary Registration District No. **101**

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 or location)
(d) Length of stay: In hospital or institution **15 days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")
(d) Street No. **8710 Harter Rd.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rika Saathoff**
3. (b) If veteran, name war **?** 3. (c) Social Security No. **?**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **4**
year **1942** hour **3** minute **15** A.M.
21. I hereby certify that I attended the deceased from **11-29-42**
to **12-4-42**, 19____ to 19____;
that I last saw her alive on **12-4-42**
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Herman Saathoff** 6. (c) Age of husband or wife if alive **?** years
7. Birth date of deceased **March 17 1864**
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerotic Heart Disease**
Duration **Yrs.**

8. AGE: Years **78** Months **8** Days **17** If less than one day
hr. min.

Due to _____
Due to _____

9. Birthplace **Alton Ill.**
(City, town, or county) (State or foreign country)
10. Usual occupation **none**

Other conditions **Dementia, ulcers, trunk**
(Include pregnancy within 3 months of death)
and Left hemiplegia
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **Eilert Frerichs**
13. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Hein**
15. Birthplace **unknown Germany**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Washington**
(b) Address **7714 Harter Ave**
17. (a) **Burial** (b) Date thereof **12/7/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove**
18. (a) Signature of funeral director **Thitis + Sons**
(b) Address **2906 Francis Ave**
19. (a) **DEC 4 1942** (b) **C. J. Mc Garvey**
(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 _____
23. Signature **B. A. Cheaten** (M. D. or other) **S.M.O.**
Address **H. Paine Co. Insp.** Date signed _____

96
322
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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *David Van Fossan*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Garvie*.....

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.