

FILED MAR 2 1943
318

Registration District No.

Primary Registration District No.

Registrar's No. 1596

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:
Lutheran Hospital
(If no hospital or institution, write street number or location)

(d) Length of stay: 'In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO. (b) County..... Gasconade

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

(d) Street No.....
(If rural, give location)

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

3. (a) PRINT FULL NAME William F. Richey

3. (b) If veteran, name war.....

3. (c) Social Security No. 496-22-3638

4. Sex..... M

5. Color or Race..... W

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

6. (b) Name of husband or wife..... Elizabeth Richey

6. (c) Age of husband or wife if alive..... 59 years

7. Birth date of deceased..... January 7 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>9</u> hr. min.

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

10. Usual occupation..... Laborer

11. Industry or business.....

MOTHER FATHER

12. Name..... James Richey

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

14. Maiden name..... Carrie Renney

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

16. (a) Informant..... Elizabeth Richey

(b) Address..... Gasconade ? Mo.

17. (a) Burial (b) Date thereof..... 2/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Herman, Mo.

18. (a) Signature of funeral director..... Albert H. Hoppe Inc.

(b) Address..... 4700 Washington, Blvd.

19. (a) FFR 7 1943 J. J. Bradach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb day..... 16
year..... 1943 hour..... 11 minute..... 20 A.M.

21. I hereby certify that I attended the deceased from.....
Feb 3 1943 to..... Feb 16 1943
that I last saw him alive on..... Feb 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis
Chronic nephritis
Uremia

Duration
3
?
2 weeks

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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).....
(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..... Eleonor Burnett (M. D. or other)

Address..... 1504 So Grand Date signed..... 2/17/43

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

MAR 26 1943

MAR 17 1943

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.....

Wilfred G. Burnley

Licensed Embalmer No. 4202

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.