

FILED MAR 20 1948

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days) 52 yrs. -

3. (a) PRINT FULL NAME LILLIE RICHARS.

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 Edward Richards 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Dec 19 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Frank Schnorbus

13. Birthplace Missouri (City, town, or county) (State or foreign country) 0

14. Maiden name Anna Schnelker

15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Edward Richards

(b) Address 4244 A Iowa Ave.

17. (a) Burial (b) Date thereof March 11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thorndike & Son

(b) Address 2906 Gravois Ave.

19. (a) MAP 10 1944 (b) J. Thodes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4244 A Iowa Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1944 hour 1:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 10th 1943 to March 10th 1944
that I last saw her alive on March 9th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Maxillary Left Breast Glands.
Due to _____
Duration 1 1/2 yrs.

Due to _____
Other conditions (include pregnancy within 3 months of death) 50

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 0
23. Signature Albert Beisbarth (M. D. or other) MD
Address 3606 Gravois Ave. Date signed 3/10/44

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 Tassan

Licensed Embalmer No.

14242

P.O. Address

2906 Grandis

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.