V. S. No. 2
.00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26544

FILED JUL 21 1944

Registration District No. 306 Primary Registration District No. 6050 Registrar's No. 7

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Portage Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Machens Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (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 Rural 92
(If outside city or town limits, write "RURAL") 0

(d) Street No. Machens 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Eugene Richter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lebertine Deciet

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

7. Birth date of deceased November (Month) 13 (Day) 1877 (Year)

8. AGE: Years 66 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

FATHER
12. Name Herman Richter
13. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Amelia Hanscho
15. Birthplace Unknown (City, town, or county) 11 Germany (State or foreign country)

16. (a) Informant Emil Richter

(b) Address Machens, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles Mo.

18. (a) Signature of funeral director A. C. Ballmeyer & Son Co

(b) Address 201 N. Second, St. Charles, Mo.

19. (a) June 14 1944 (Date received local registrar) Mrs Rose Barnard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1944 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from May 10, 1944, to June 8, 1944, that I last saw h. alive on MAY 25, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Cor Myocarditis	2 yrs
H. hypertension	20 yrs
Due to Arteriosclerosis	5 yrs
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Ralph Clay (M. D. or other) M.D.

Address St. Charles Mo Date signed 6/8/44

674

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 7-20-44

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. Dollmeyer

Licensed Embalmer No. 2951

P. O. Address 44 Charles St

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.