

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED JUN 19 1945

State File No.

4974

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(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. Cronquist Hospital
(If not in hospital or institution, give street number, street name, city, and state)
(d) Deat at City Hospital
In this community _____
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5642A Labadie Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Rich Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola Rich 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Feb. 2 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 2 If less than one day
P hr. min.

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Grain Supervisor

11. Industry or business Merchants Exchange

12. Name George Rich

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

14. Maiden name Barbara Drone

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

16. (a) Informant Mrs. Lola Rich

(b) Address 5642A Labadie Ave.

17. (a) Burial (b) Date thereof 6-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) JUN 5 1945 (b) J. F. Briceak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1945 hour 6 minute 40 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Arteriosclerosis
Coronary Sclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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)
Means of injury 3

23. Signature Delbert K. ... (M. D. or other)
Address _____ Date signed 6/7/45

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..... *Albert R. Thompson*
Licensed Embalmer No. *4256*
P. O. Address *St. Louis*

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.