S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27030

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 260

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution: SOUTHEAST MISSOURI HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution CAPE GIR 10 DAYS (Specify whether years, months or days)

In this community ABOUT 10 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU

(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")

(d) Street No. 1528 ~~SOUTHEAST MO HOSPITAL~~
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME THEODOR F. RICHTER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) 20 (Day) 1880 (Year)

8. AGE: Years 65 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation LABOR

11. Industry or business

FATHER
12. Name EREGOTT RICHTER
13. Birthplace PERRY CO. (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ELIZEBETH HARTUNG
15. Birthplace CAPE GIRARDEAU. (City, town, or county) MO (State or foreign country)

16. (a) Informant Arthur J Richter
(b) Address 133 S Walnut Perryville

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG (Month) 19 (Day) 1945 (Year)
(c) Place: burial or cremation WITTENBERG LUTHERAN CEMETARY

18. (a) Signature of funeral director M G Lorberg
(b) Address Cape Girardeau Mo

19. (a) 8-18-45 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 16 year 1945 hour 4 minute 24 P.M.

21. I hereby certify that I attended the deceased from ~~8/16/45~~ ~~8/1~~ 1, 1945, to 8/16, 1945, that I last saw him alive on 8/16, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. ~~or other~~)

Address Cape Girardeau Mo Date signed 8/16/45

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 945-1075

Date Filed 9-8-45

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo

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.