

FILED AUG 28 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2078

Registration District No. 217

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 66 & 99
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

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. 2900 Palm Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred G. Richert
(b) If veteran, name war _____
(c) Social Security No. 492-10-4121

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 21st
year 1945 hour 4 minute 30 p. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex male () 5. Color or race white 6. (a) Single, widowed, married, divorced, married
(b) Name of husband or wife Florence (Steinmeyer) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 8th 1892
(Month) (Day) (Year)

Immediate cause of death _____
Fractured skull and other serious bodily injuries
Due to Accident
Due to _____

8. AGE: Years Months Days $\frac{7}{16}$ If less than one day
53 2 13 hr. min.

Other conditions (Include pregnancy within 3 months of death)
(Collision between 2 trucks)
Major findings:
Of operations _____
Of autopsy None

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

10. Usual occupation American Food Products Co.

11. Industry or business _____

MOTHER FATHER
12. Name Aloys Richert
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Mary (unknown)
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ray Richert - Son
(b) Address 2900 Palm Street
17. (a) burial (b) Date thereof 8-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 8-21-45
(c) Where did injury occur? St. Louis County Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway # 66

(c) Place: burial or cremation Int. Calvary Cemetery
18. (a) Signature of funeral director Sullivan Brothers,
2849 North Euclid Avenue,
(b) Address
19. (a) 8-24-45 (b) E. S. Madigan
(Date received local registrar) (Registrar's signature)

While at work? YES (Specify type of place)
Means of injury Blunt Impact
23. Signature Arnold J. Willmann Coroner
Address Clayton, Mo Date signed 8-24-45

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

DEC 11 1945

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 Robert L. Brinkman
Licensed Embalmer No. 3553

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.