

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1945
STANDARD CERTIFICATE OF DEATH
318

THE STATE BOARD OF HEALTH OF MISSOURI
1003
Primary Registration District No. _____

State File No. **35780**
Registrar's No. **9570**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Altenheim
(If not in hospital or institution, write "At home")
(d) Length of stay: In hospital or institution over 1 yr.
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME HENRY RICHERT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 16 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 17 hr. _____ min.

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

10. Usual occupation nil

11. Industry or business
MOTHER FATHER { 12. Name Daniel Richert
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth (Unknown)
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Marg. Spencer, Supt
(b) Address Lutheran Altenheim

17. (a) Burial (b) Date thereof Nov 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Paul's Luth Cemetery,
Antonia, Missouri

18. (a) Signature of funeral director Beiderwieden F H Inc
(b) Address 1936 St Louis Avenue

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8721 Halls Ferry Road
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 3
year 1945 hour 6 minute 10 P. M.
21. I hereby certify that I attended the deceased from Jan. 15
1944 to Nov. 3 1945
that I last saw him alive on Nov. 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis 3 yrs?
Due to _____
Due to _____

Other conditions arterosclerosis 10 yrs?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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)
(c) Means of injury _____
23. Signature Quene P Arnold (M. D. or other) MD.
Address 1449 Mc Laran Date signed 11/3/45

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

00
17
9

601
817
9
3

Duration
10 yrs?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Delis J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 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.