

FILED NOV 2 1945
Registration District No. **29185**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3945 Delor St.
(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 **Mo.** (b) County.....
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4243A Arco Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Louise Oppland Richter**

3. (b) If veteran, name war..... 3. (c) Social Security No. **495-18-4349**

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **Nov.** day **12**
 year **1945** hour **11** minute **08 P.M.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **William Richter** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 16 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-5 1945** to **11-12 1945**
 that I last saw her alive on **11-11 1945**
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
63	5	26	hr. min.

Immediate cause of death **Myocarditis - obs.**

Due to.....

Due to.....

Other conditions **Ascites & edema.**
(Include pregnancy within 3 months of death)

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

10. Usual occupation **Janitress**

PHYSICIAN

Major findings:
 * Of operations.....
 Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER { 12. Name **Henry Meyerhoff**

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

14. Maiden name **Unknown**

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

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?

16. (a) Informant **Mrs. Wm. Kellermann**
 (b) Address **3945 Delor St.**

17. (a) **Burial** (b) Date thereof **11-15-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

23. Signature **John A. Quenler** (M. D. or other) **MD**
 Address **11504 So Grand** Date signed **11-14-45**
(Specify type of plaque) (e) Means of injury.

18. (a) Signature of funeral director **Drehmann-Harral**
 (b) Address **1905 Union Blvd.**

19. (a) **NOV 14 1945** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

10 to 12 & 2 to 6
Grand & Park Ave.

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 Jr
Licensed Embalmer No. 4237
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.