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

...TMENT OF COMMERCE
...BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31352

Registration District No. 317

Primary Registration District No. 44683064

Registrar's No. 2040

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
225 Georgia Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6
(If outside city or town limits, write "RURAL")

(d) Street No. 225 Georgia Ave. 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Ralph W. Richtmyre

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 Anna D. Richtmyre

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March (Month) 21 (Day) 1881 (Year)

8. AGE: Years 65 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace New York (City, town, or county) NN. YI. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business St. Louis Machinist Supply

FATHER
12. Name William Richtmyre
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Genevieve Unknown
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna D. Richtmyre
(b) Address Ferguson, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/46. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson Missouri

19. (a) 10-2-46 (Date received local registrar) (b) Ruth L Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 28, 1946, to Sept 28, 1946
that I last saw him alive on Sept 28, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion c̄ myocardial infarction	min?
Due to Arteriosclerotic heart disease 93 a	mos?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 0

23. Signature Joseph D Judy (M. D. or other) MD
Address 9a S Pleasant Ferguson, Mo Date signed 10-1-46

(Licensed Embalmer's Statement on Reverse Side)

DEPAR

V. S. No. 2
35M—12-45
Rev. 5-17-39
I X47070

96

MAR 24 1947

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 Larry M. Shlute

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.