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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 6858
Registrar's No. 2356

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4526 W. Pine Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution abt 15 years
In this community abt 15 years
(Specify whether years, months or days)

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. 4526 W. Pine Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julius Richman
3. (b) If veteran, none war None
3. (c) Social Security No. None
4. Sex male @ 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Zeichner Richman
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased September 25, 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7
year 1947 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb. 1947 to March 1947
that I last saw him alive on March 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Duration 1 day
Due to Cerebral Hemorrhage. 5 days

Due to Arteriosclerosis, generalizid
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
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) (e) Means of injury
23. Signature Roy Greenbaum (M. D. or other) M.D.
Address 634 1/2 Grand Date signed

8. AGE: Years 75 Months 5 Days 12 hr. min.
9. Birthplace Hungary
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business none
12. Name Fabian Richman
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Goldsmith III
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)
16. (a) Informant Esther Richman
(b) Address 4526 W. Pine
17. (a) cremation (b) Date thereof 3/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kalkhalla
18. (a) Signature of funeral director W. J. Mayer
(b) Address 4356 Lindell Blvd
19. (a) MAR 7 1947 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

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

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.....

Henry M. Branner

Licensed Embalmer No.....

4200

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.

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Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

23576

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:

(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..... (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Julius Richman

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 m

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

7. Birth date of deceased Sept 25 (Month) (Day) (Year)

8. AGE: Years 75 Months Days If less than one year min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1947 hour 7 minute 1 M.

21. I hereby certify that I attended the deceased from 9 to 10, 1947; that I last saw him alive on 10, 1947; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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? While at work? (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

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

APR 3 1947

S-6858

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