

S. No. 2
DM-5-43
v. 5-17-39
P 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11979**
627
Registrar's No.

FILED MAR 21 1947
377

Registration District No. Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Gardenville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4903 Tieman 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Gardenville**
(If outside city or town limits, write "RURAL")
(d) Street No. **4903 Tieman Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRANK RICHTER**
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 _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 2 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	4	14	_____ hr. _____ min.

9. Birthplace **Jungbuch Austria**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired - Tailor**

11. Industry or business _____
12. Name **Not Known**
13. Birthplace **Austria**
(City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Austria**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances Biese**
4903 Tieman Ave.
(b) Address
17. (a) **Cremation** (b) Date thereof **3/19/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Wm. R. Roberts**
2630 Gravois Ave.
(b) Address
19. (a) **3-20-47** (b) **Ruth J. Goller**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **16**
year **1947** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **July**, 19 **47**, to **March 16**, 19 **47**
that I last saw him alive on **March 10**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer**
Cancer Pharmacy
Duration **3 yrs**

Due to _____
Due to **47**

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____
23. Signature **Walter Kelly** (M. D. or other)
Address **9915 Gravois** Date signed **3/17/47**



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 T. Gebken*

Licensed Embalmer No..... *4144*

P. O. Address..... *2630 Grovers*

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.