

State File No. _____
 Registrar's No. 638

FILED MAR 23 1947
 Registration District No. 377

Primary Registration District No. 6076

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

69

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Affton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
9822 Antonia Dr. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis 96
 (c) City or town Affton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9822 Antonia Dr.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SOPHIA RICHTER
 3. (b) If veteran, name war None
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 17th
 year 1947 hour 10:35 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Nov. 2, 1946
 _____, 19____, to Mar. 17, 1947
 that I last saw her alive on 3.17, 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, 2 divorced, Widow
 6. (b) Name of husband or wife Late Henry J.
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 20 1853
 (Month) (Day) (Year)

Immediate cause of death Ac dilatation of heart
 Due to chronic vascular, renal heart disease
 Duration 10 hrs several years
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
93 2 27 hr. _____ min.

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN

 Underline the cause to which death should be charged statistically.

9. Birthplace Chester Ill. 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Henry Welge

13. Birthplace Chester Ill. 1
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Florence Richter

(b) Address 9822 Antonia Dr.

17. (a) Burial (b) Date thereof 3 19 47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) 3-19-47 (b) R. H. Galloway, M.D.
 (Date received local registrar) (Registrar's signature)

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 _____ Means of injury _____
 23. Signature Kevin S. Cecelius (M. D. or other)
 Address 748 Lemay Ferry Rd Date signed 3/18/47

748
St. Mary's
1-3

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 Richard W. Stover

Licensed Embalmer No. 4007

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.