

FILED MAY 8 3 1947

Registration District No. 3177

Primary Registration District No. 3066

Registrar's No. 958

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
435 W. Argonne Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 1 year and 1 month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 435 W. Argonne Dr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1947 hour 4 minute A M.
21. I hereby certify that I attended the deceased from Jan 6 1947, to April 27 1947
that I last saw him alive on April 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis -
arterio-sclerosis
Due to _____
Due to Arteriosclerosis
Other conditions (include pregnancy within 3 months of death) _____

Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Claus 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 Gesina Richter 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. 24 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business:

12. Name Claus Richter
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Gesche Alpers
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alfred Richter
(b) Address 435 W. Argonne Dr.

17. (a) Removal (b) Date thereof 4/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia, Missouri

18. (a) Signature of funeral director Meyer-Pfizinger Fun.

(b) Address Kirkwood, Mo.

19. (a) 4-29-47 (b) Cecil J. Harp
(Date received local registrar) (Registrar's signature)

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 Cecil J. Harp (M. D. or other) MD
Address 431 N. Kirkwood Rd. Date signed 4-29-47

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

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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 William J. Stinger
Licensed Embalmer No. 4396
P. O. Address 12 W. Myrtle St. / Glendale, 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.