S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25980
Registrar's No. 7174

FILED AUG 8 1947
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County nad
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2559 Benton Street 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 20 0
If yes, name country No

3. (a) PRINT FULL NAME ETHEL RICHT
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Richt
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased March (Month) 8 (Day) 1889 (Year)

8. AGE: Years 58 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Nat Goodwin
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
16. (a) Informant John Richt
(b) Address 2559 Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Frieden's Cemetery
18. (a) Signature of funeral director Suedmeyer & Son's
(b) Address 3934 N. 20 Street
19. (a) AUG 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1947 hour 2:05 minute P M.
21. I hereby certify that I attended the deceased from 7/27/47, 19, to July 31st, 19 47
that I last saw her alive on July 31st, 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 hour
Due to	
Due to Hypertensive Cardio-vascular disease & decompensation	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Diabetes mellitus	
Of autopsy Not Done	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? None (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
23. Signature Robert L. Gilbert (M. D. or other) M.D.
Address 1515 Lafayette Date signed 7/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed R. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.