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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

26393

State File No.

Registrar's No. 1611

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

1. PLACE OF DEATH:

(a) County St Louis.

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lemay Nursing Home 4
(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 Mo (b) County St Louis 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 346 Tacoma. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Julia. E. Risch.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 16 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 10 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Retired School Teacher.

11. Industry or business 5

FATHER
12. Name John Risch.
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Anna Corey 5
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Jacob Risch
(b) Address 4048 Oleatha.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cem.

18. (a) Signature of funeral director Jos. P. Fendler J.
(b) Address 7128 Michigan

19. (a) 7-29-47 (Date received local registrar) (b) Cecila Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th.
year 1947 hour 6.30 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 1937, to July 26, 1947
that I last saw her alive on July 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung and liver — Duration 7 yrs

Due to 47d

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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature DeRoyal & Fife (M. D. or other)
Address 7110 Michigan Ave Date signed 7-27/47

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2906

P. O. Address 728 Michigan

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.