

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

3002

200

FILED JAN 16 1948 318

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... One Week
 (Specify whether
 In this community..... 58 Years
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Ella Richman3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex..... F / race..... W
 5. Color or divorced..... W 2
 6. (b) Name of husband or wife..... Edwin H. Richman
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... August 29, 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 8 ..hr.min.

9. Birthplace..... Mascoutah, Illinois
(City, town, or county) (State or foreign country)10. Usual occupation..... At Home

11. Industry or business.....
 12. Name..... Philip Schlicher
 13. Birthplace..... Mascoutah, Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Helen Henrichs
 15. Birthplace..... Trenton, Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mr. Leroy Schlicher
 (b) Address..... 5656 Eichelberger Avenue
 17. (a) Burial..... (b) Date thereof..... Jan 9, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Paul's Churchyard
 18. (a) Signature of funeral director..... BEIDERWIEDEN F.H. INC.
 (b) Address..... 1936 St. Louis Avenue

19. (a) JAN 8 1948..... (b) J. F. Bradok
 (Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street..... 5656 Eichelberger Avenue
 (If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 6
 year..... 1948 ..hour..... 6: ..minute..... 45 P.M.

21. I hereby certify that I attended the deceased from.....
July 43 to..... Jan 6 1948
 that I last saw..... alive on..... Jan 6 1948
 and that death occurred on the date and hour stated above.
 Duration.....

Immediate cause of death.....

Due to..... Coronary Thrombosis
general arteriosclerosis

Due to.....
 Other conditions..... Diabetic mellitus
 (Include pregnancy within 3 months of death)

Major findings:
Of operations..... NoneOf autopsies..... Yes

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).....
 (b) Date of occurrence..... Jan
 (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.....

23. Signature..... J. F. Bradok (M. D. or other).....
 Address..... 3806 Harvard Date signed..... 1-7-48

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.....

Neal L. Paulson

Licensed Embalmer No.

4114

P. O. Address.....

1936 St. Louis Ave

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.