

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME RICHTER, Julius

3. (b) If veteran, name war _____

3. (c) Social Security No. 196-14-2126

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ella Hollocher Richter

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 25, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	5	26	hr. min.

9. Birthplace Vice Kirchen Austria-Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter-retired 1942.

11. Industry or business _____

MOTHER FATHER { 12. Name Gottlieb Richter

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

14. Maiden name Elizabeth Hollocher

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

16. (a) Informant Frank Richter

(b) Address 30 Dwyer Place, Ladue.

17. (a) Cremation (b) Date thereof 5-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address Clayton Rd. at Concordia Lane

19. (a) 5-21-48 (b) Quilley Shop M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Ladue 12
(If outside city or town limits, write "RURAL")

(d) Street No. 12 Dwyer Place 11
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1948 to May 21, 1948
that I last saw h. im alive on May 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung uncertain

Due to _____

Due to 47d

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy No 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 E. J. C. Wason M. D. 1948

Address 539 N. Grand Blvd. 3 Date signed 5/21/48

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

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..... *Ernest W. Spillard*

Licensed Embalmer No..... *14080*

P. O. Address..... *St Louis 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.