

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35196

FILED OCT 23 1948 7

Primary Registration District No. 6576

Registrar's No. 2358

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:  
705 Lemay Ferry Road  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Lifetime  
years, months or days

3. (a) PRINT FULL NAME Josephine Risch Sauter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Baltasar Risch

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

7. Birth date of deceased April 7, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

89 6 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At. Home

MOTHER FATHER

12. Name Gregeor Mueller

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

14. Maiden name Victoria Hund

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

16. (a) Informant Alex J. Risch

(b) Address 705 Lemay Ferry Rd., Lemay, Mo

17. (a) Burial (b) Date thereof 10/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 S. Bdw St. Louis IV, Mo.

19. (a) 10-12-48 (b) George J. Hapner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay 29  
(If outside city or town limits, write "RURAL")

(d) Street No. 705 Lemay Ferry Road  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day II  
year 1948 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 7, 1948 to Oct. 11, 1948  
that I last saw her alive on Oct. 11, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Diabetes Mellitus

Due to 61

Other conditions 61  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature A. H. Peters (M. D. or other) MD  
Address 4145 a S. Grand Blvd. Date signed 10/12/48

*Doth Peters  
Grand Mariner*

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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 *Linn C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

**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.