

FILED MAR 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10566

2214

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

17
W.R.

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis, Mo</u>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u>		11
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1000 North 89th St 2</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Paul</u> c. (Last) <u>Richter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7 Sept 1877</u>	9. AGE (In years last birthday) <u>71</u>	10. IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Copying Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (State or foreign country) <u>Saxony, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Richter</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Richter</u>		ADDRESS <u>J. Bellville</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Empyema R lung.</u>					
		ANTECEDENT CAUSES		DUE TO (b) <u>Probably Carcinoma of lung.</u>			
				DUE TO (c) <u>110 a</u>			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Post operative Pneumonia X</u>			

19a. DATE OF OPERATION <u>5 Mar 49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Empyema - Lung Abscess.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, school, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 26 Jan, 1949, to 10 Mar, 1949, that I last saw the deceased live on 10 Mar, 1949, and that death occurred at 20 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John T. Vandoren MD</u>		23b. ADDRESS <u>1755 So Grand Blvd</u>		23c. DATE SIGNED <u>3/10/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>MAR 10 1949</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>East St Louis, Ill</u>		
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DATE REC'D BY LOCAL REG. <u>MAR 10 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasata</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Kurrung</u>		ADDRESS <u>E. St Louis Ill</u>	
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WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed.....

A. Kurusz Jr

Licensed Embalmer No.

3162

P. O. Address.....

E St Louis Ill

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.