

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15449

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 898

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ballwin</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>427</u> OR TOWN <u>Ladue</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs. + 3 mos</u>		d. STREET ADDRESS (If rural, give location) <u>11421</u> <u>12 Dwyer Place</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pinecrest Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ella</u>	b. (Middle) <u>Harlacher</u>	c. (Last) <u>Richter</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>April 5 1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 8, 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Austria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Harlacher</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Trautman</u>	14. NAME OF HUSBAND OR WIFE <u>Julius Richter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Richter, 30 Dwyer Place</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 WK.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death. <u>—</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u> m. <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>
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22. I hereby certify that I attended the deceased from 3. 22, 1950, to 4/5, 1950, that I last saw the deceased alive on 4/5/50, 1950, and that death occurred at 9:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. R. Loving</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Ballwin, Missouri</u>	23c. DATE SIGNED <u>4/6/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/8/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-6-50</u>	REGISTRAR'S SIGNATURE <u>Robert K. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary, 6633 Clayton Rd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ernest W. Spillara*

Licensed Embalmer No. *4080*

P. O. Address.....

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.