

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29944**

FILED OCT 11 1950

BIRTH NO. _____ REG. DIST. NO. **111** PRIMARY REG. DIST. NO. **483** Registrar's No. **43**

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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Pacific		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2857 Utah	
d. FULL NAME OF HOSPITAL OR INSTITUTION Died in auto			

3. NAME OF DECEASED (Type or Print) a. (First) Anthony Leo b. (Middle) Risse c. (Last) Risse			4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1950		
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5. SEX Male		6. COLOR OF RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 14, 1903		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cobbler			10b. KIND OF BUSINESS OR INDUSTRY Workshop			11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME George Risse			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Julia Risse		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War II		16. SOCIAL SECURITY NO. 491-16-7296		17. INFORMANT'S SIGNATURE OR NAME Julia Risse		ADDRESS St. Louis Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		ANTECEDENT CAUSES						4501	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NAT.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Wm. P. Shaffer (Degree or title) Coroner			23b. ADDRESS Laurelman Mo			23c. DATE SIGNED 9/29/50		
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept. 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (city, town, or county) (State) St. Louis Mo	
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DATE REC'D BY LOCAL REG. Sept 27-50		REGISTRAR'S SIGNATURE Mary B. Gross		25. FUNERAL DIRECTOR'S SIGNATURE Leo L. Thiel		ADDRESS Pacific, Mo	
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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 Geo. L. Hughes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.