No. 300
10.48

FILED DEC 2 1950 Schneider

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38168

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 3038 Registrar's No. 198

123 0

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

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles 0923
d. STREET ADDRESS (If rural, give location): 724 Washington

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): George Richterkessing

4. DATE OF DEATH (Month) (Day) (Year): November 14 1950

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 18 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): St Charles County 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Richterkessing
13b. MOTHER'S MAIDEN NAME: Anna Sandfort
14. NAME OF HUSBAND OR WIFE: Anna Richterkessing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Esther Williams 724 Washington

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion chest, cerebral concussion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) multiple fractures ribs & vertebrae
DUE TO (c) E

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 5 hours. 9021 3

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Charles Mo. 092
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 14 1950 6P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell off Wagon

22. *I hereby certify that I attended the deceased from* June, 1934, *to* Nov 14, 1950, *that I last saw the deceased alive on* Nov 14, 1950, *and that death occurred at* 11P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vincent A Schneider MD
23b. ADDRESS: St Charles Mo
23c. DATE SIGNED: Nov 20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 18 1950
24c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): St Charles Mo.

DATE REC'D BY LOCAL REG.: 11-22-50
REGISTRAR'S SIGNATURE: Fannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hackmann Dave St Charles

(Licensed Embalmer's Statement on Reverse Side)

MAY 4 1951

RECEIVED
NOV 24 1950
DISTRICT HEALTH OFFICE NO. 4
File No. .....

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.

Signed Arthur C Bare

Signed .....
Student Embalmer

Licensed Embalmer No. 2155

P. O. Address St Charles 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.