

FILED JAN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43783
11259 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY		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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves	
c. LENGTH OF STAY (In this place) 30 Hrs.		6/TOWN Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 62 Chestnut Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) c. (Last) Risch			4. DATE OF DEATH (Month) (Day) (Year) December 30, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 24, 1875		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Confectioner		11. BIRTHPLACE (State or foreign country) Milwaukee, Wis	
12. CITIZEN OF WHAT COUNTRY? U.S. A.					

13a. FATHER'S NAME Joseph Risch		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Amelia Risch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 392-10-5945		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. V. A. Wolff 62 Chestnut Ave. W. G	

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) Intestinal obstruction: cause undetermined.				INTERVAL BETWEEN ONSET AND DEATH 3 da.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis				yrs.	
		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 type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) --		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) --		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 12-26-50 to 12-30-50 , 19 50 , that I last saw the deceased alive on 12-30-50 , 19 50 , and that death occurred at 8:00P m., from the causes and on the date stated above.					

23a. SIGNATURE <i>Edw. W. Wolff</i> (Degree or title)		23b. ADDRESS 204 E Big Bend Webster Groves Mo.		23c. DATE SIGNED 12-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL VIA-RAIL		24b. DATE 12-31-50		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) MILWAUKEE, WIS					

DATE REC'D BY LOCAL REG. JAN 2 1951		REGISTRAR'S SIGNATURE <i>J. B. Linsley</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MITTELBERG FUNERAL HOME INC. 73 W. LOCKWOOD AVE W.G.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11259

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 M. J.

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.