

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10552

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2269

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

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>StLouis</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HouseSprings</u>		<u>0500</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarante Word Hospt</u>			d. STREET ADDRESS (If rural, give location) <u>3 miles North Hwy30</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u>		b. (Middle) _____	c. (Last) <u>Richman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-14-1866</u>	9. AGE (In years last birthday) <u>84</u>	if UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AtHome</u>	11. BIRTHPLACE (State or foreign country) <u>StLouis</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	if UNDER 24 HRS. Hours _____ Min. _____
13a. FATHER'S NAME <u>Henry Frey</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Hornaker</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Richman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold Richman 3324 Louisiana</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes melitis</u>				<u>5 yrs.</u>
	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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2ndX</u>			
22. I hereby certify that I attended the deceased from <u>3/1</u> , 19 <u>51</u> , to <u>3/4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/4</u> , 19 <u>51</u> , and that death occurred at <u>10:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>E. A. Millikin</u> (Degree or title) _____			23b. ADDRESS <u>2608 S. Kingshighway</u>		23c. DATE SIGNED <u>3/6/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-6-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>StMartins</u>		24d. LOCATION (City, town, or county) (State) <u>Dittmer Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAR 10 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John H Brimmer House Springs Mo</u>		

**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.....

*Ronald O Yalunke*

Licensed Embalmer No. *3917*

P. O. Address *Theriot 10 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.