

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40649**  
Registrar's No. **10837**

FILED DEC 12 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2159</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>15 4449 Osceola</b>	
3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) <b>P.</b> c. (Last) <b>Richter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 24 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 22 1901</b>
9. AGE (In years last birthday) <b>51</b>		10. MONTHS <b>4</b>	11. DAYS <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sheetmetal worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry B. Richter</b>	
13b. MOTHER'S MAIDEN NAME <b>Rosie Keller</b>		14. NAME OF HUSBAND OR WIFE <b>Ella Richter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>497-01-0753</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ella Richter</b>		ADDRESS <b>4449 Osceola</b>	
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) _____			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DUE TO (b) <b>Pulmonary Oedema</b>			
DUE TO (c) <b>Cardiac Hypertrophy</b>			
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 checked="" 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? <b>4343</b>			
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 <b>1:57 p.m.</b> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <b>Cathel E Taylor, M.D.</b>		23b. ADDRESS <b>1500 Clark</b>	
23c. DATE SIGNED <b>11-25-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		24b. DATE <b>Nov 28, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 25 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>John L. Ziegenhein &amp; Sons</b>		ADDRESS <b>7027 Gravois Ave.</b>	

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

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

*B. P. Kidwell*

Licensed Embalmer No. 3977

P. O. Address 7027 Gravois

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.