

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16489

State File No.

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1040

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 4703</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>219 Smith Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>219 Smith Ave.</u>		d. STREET ADDRESS <u>219 Smith Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) <u>E.</u> c. (Last) <u>Richter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1953</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 19, 1871</u>
9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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>at home</u>	11. BIRTHPLACE (State or foreign country) <u>New Haven, Mo.</u>
13a. FATHER'S NAME <u>Wilhelm Fredrick Baumann</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Schwehrkoe</u>	14. NAME OF HUSBAND OR WIFE <u>Theodore Richter</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Richter Kirkwood</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, assthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</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 checked="" 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) <u>4200</u>	
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 <u>April 8, 1953</u> , to <u>April 10, 1953</u> , that I last saw the deceased alive on <u>April 10, 1953</u> , and that death occurred at <u>11:42 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lloyd S. Poluha MD</u>		23b. ADDRESS <u>126 E. Jefferson Kirkwood Mo.</u>	23c. DATE SIGNED <u>April 11, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/13/53</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Park Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sappington Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-11-53</u>	REGISTRAR'S SIGNATURE <u>Harbert R. Dunkel</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weyer-Pfitzinger Kirkwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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FILED APR 29 1953

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 *William H. Pitzinger*

Licensed Embalmer No. *94316*

P. O. Address *Kubwood, Ill -*

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.