

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19811
 Registrar's No. 4745

FILED JUN 10 1953
 BIRTH NO.

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

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 MO b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 7 YRS →	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CREVE COUR 4460		d. STREET ADDRESS (If rural, give location) SPOEDE RD. RR#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL			d. STREET ADDRESS (If rural, give location) SPOEDE RD. RR#2			
3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) RICHMANN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 5-8-53			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-24-1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) PILOT Knob MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME W ^M KELLER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE W ^M RICHMANN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. D. J. Jupp - Spode Rd. RR#2				
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardiac vascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip, post-op internal fixation.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 5-4-53	19b. MAJOR FINDINGS OF OPERATION Fracture, neck, left femur.		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.) Home	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-23-53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from bed. 443X				
22. I hereby certify that I attended the deceased from 4-27-1953 to 5-8-1953 that I last saw the deceased alive on 5-8-53, and that death occurred at 3:22 P.M., from the causes and on the date stated above.						
23a. SIGNATURE (Degree of title) St. Neumann M.D.			23b. ADDRESS 3720 Washington		23c. DATE SIGNED 5-9-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 5-12-53	24c. NAME OF CEMETERY OR CREMATORY FAIRMOUNT CEM.	24d. LOCATION (City, town, or county) (State) DENVER. COLO.			
DATE REC'D BY LOCAL MAY 11 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D. Parker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oldrich F. Home Webster Brown Mo.			

12674

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.....

Leslie Welch

Licensed Embalmer No. _____

4395

P. O. Address _____

Wabster Avenue

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.