

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19812**
4915
Registrar's No.

LED JUN 1 - 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4915	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (In this place) 5 days		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital				e. STREET ADDRESS (If rural, give location) 536 W. Poepping St.			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Peter		c. (Last) Richter	
4. DATE OF DEATH (Month) (Day) (Year) May 13 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH October 6, 1874		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Retired Watchman		10b. KIND OF BUSINESS OR INDUSTRY Lowell Bleachery Co.		11. BIRTHPLACE (City and State or Foreign Country) Marthasville, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Alvina			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or no record) (If yes, give war and dates of service) No none		16. SOCIAL SECURITY NO. 492-07-656 A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Richter 536 W. Poepping St.			
18. CAUSE OF DEATH (Enter only one line per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroic Vascular Renal Disease Uremia		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____					
*This does not mean the mode of being, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip					
19a. DATE OF OPERATION 5/11/53		19b. MAJOR FINDINGS OF OPERATION Fracture hip		442X F		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis - Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 9 1953. 3P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall at home in Basement 442X			
22. I hereby certify that I attended the deceased from May 9 1953 , to May 13 1953 , that I last saw the deceased alive on May 13 1953 , and that death occurred at 8.25 P m. , from the causes and on the date stated above.							
23a. SIGNATURE Phon C. Schopp M.D.				23b. ADDRESS 505 Humboldt		23c. DATE SIGNED 5/14/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 16, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) 2000 Lemay Ferry Road Lemay, Mo.	
DATE REC'D BY LOCAL REG. MAY 15 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Hoffmeister U. & L. Co. 7814 S. Broadway			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Harry J. Schmittacher*
Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.