

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2963

State File No. ....

FILED JAN 17 1956

REG. DIST. NO. **318**

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

Registrar's No. .... **68**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. .... <b>68</b>	
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 city or town) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4157 A. Shenandoah Ave</b>				e. STREET ADDRESS (If rural, give location) <b>17 4157 Shenandoah Ave</b>			
3. NAME OF DECEASED a. (First) <b>ELIZABETH</b>			b. (Middle) _____		c. (Last) <b>RICHTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-2-1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED,* WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>6-5-1862</b>		9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Christian Schmidt</b>			13b. MOTHER'S MAIDEN NAME <b>??? Hauck</b>		14. NAME OF HUSBAND OR WIFE <b>Bruno Richter (Deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William Richter</b> ADDRESS <b>4157 Shenandoah Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>
				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. <b>Senility</b>			
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) _____		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 <b>6/12</b> , 1954, to <b>1/2</b> , 1956, that I last saw the deceased alive on <b>1/6</b> , 1952, and that death occurred at <b>8:50 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. Earl Smith M.D.</b> (Degree or title)				23b. ADDRESS <b>2726 Chouteau</b>		23c. DATE SIGNED <b>1/3/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-5-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>7901 Gravois Ave Mo</b>		
DATE REC'D BY LOCAL REG. <b>JAN 4 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenhein Bros</b> ADDRESS <b>6409 Gravois Ave</b>			

S. P. (Licensed Embalmer) (Statement on Reverse Side)

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

300  
48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Van M. Szymon*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.