

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44335

STATE FILE NUMBER

FILED JAN 15 1957

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

1099

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) St. Mary's Hospital		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) 7250 Wise Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First L Middle WEHRL Last RICHMOND			4. DATE OF DEATH Month December Day 30th Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 21, 1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY UNK		11. BIRTHPLACE (City and state or country) Rising Sun, Indiana	
13. FATHER'S NAME Milton Richmond			14. MOTHER'S MAIDEN NAME Catherine Palmer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. UNK		17. INFORMANT Address Mrs. Irene Richmond 7250 Wise Avenue	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Posterior Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Obesity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 4 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12/27/56 to 12/30/56 and last saw him alive on 12/30/56 . Death occurred at 5:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Martin G. Austin M.D.			22b. ADDRESS Missouri Hunter Bldg		22c. DATE SIGNED 12/31/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12 / 31 / 56		23c. NAME OF CEMETERY OR CREMATORY Rising Sun Cemetery	
23d. LOCATION (City, town, or county) (State) Rising Sun, Indiana					
24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons 7233 Delmar Blvd.			25. DATE RECD. BY LOCAL REG. 12-31-56		26. REGISTRAR'S SIGNATURE Herbert K. Donkey M.D.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
 300
 7-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

By Rail

Richard

Missouri Health Dept.
Room 504
10:15 AM - Monday

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 *Arnold W. Schoen*

Licensed Embalmer No. *38*

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.