

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10959**
Registrar's No. **1802**

FILED MAR 18 1957

REG. DIST. NO. **318**

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

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2043 E. Alice Avenue		e. STREET ADDRESS (If rural, give location) 2043 E. Alice Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) H c. (Last) Richter		4. DATE OF DEATH (Month) (Day) (Year) Feb 21 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 15, 1888
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lithographer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Richter		13b. MOTHER'S MAIDEN NAME Friedericka Kobusch	
14. NAME OF HUSBAND OR WIFE Lillian Richter (nee Vahle)			
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. 489-01-6284	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Richter, 2043 E. Alice Ave		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Bronchogenic carcinoma, rt. lower lobe over 7 mos. 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 related to the disease or condition causing death. Metastatic carcinoma of brain over 1 yr.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1-26-56		19b. MAJOR FINDINGS OF OPERATION (Cranotomy, by Dr. Roullac, M.D.) - tumor of brain.	
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)			
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 May 5, 1952 , to Feb. 21, 1957 , that I last saw the deceased alive on Feb. 20, 1957 , and that death occurred at 2:05 Am. , from the causes and on the date stated above.			
23a. SIGNATURE Russell Rucker Heide, M.D.		23b. ADDRESS 4110 West Florissant Ave	
23c. DATE SIGNED Feb 21, 1957			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 23 1957	
24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. FEB 21 57		REGISTRAR'S SIGNATURE Paul Smith MO	
25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Av		ADDRESS	

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.....
Alfred W. Noy

Licensed Embalmer No. 379

P. O. Address St. Louis

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.