

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 2 3 1 1 2
STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 1433

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights (17)		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) HOSPITAL OR INSTITUTION St. Mary H^o sp.			Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 7656 Lindbergh			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Dr. Edward W. Richter				First	Middle	Last	4. DATE OF DEATH June 5, 1957			
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 April 3, 1896		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropodist			10b. KIND OF BUSINESS OR INDUSTRY Medicine		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Edward Richter				14. MOTHER'S MAIDEN NAME Constance Knorr						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I		16. SOCIAL SECURITY NO. 488-10-2810		17. INFORMANT Mrs. Katherine Richter						
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 MYOCARDIAL INFARCTION								INTERVAL BETWEEN ONSET AND DEATH SUDDEN		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) OLD MYOCARDIAL INFARCTION						6 YRS.		
		DUE TO (c) ARTERIOSCLEROSIS						UNK		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 a. m. 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 4201		COUNTY		STATE		
21. I attended the deceased from 1947 to 6-5-57 and last saw ^{him} her alive on 6-4-57 Death occurred at 6-5-57 m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Robert Swamer MD				(Degree or title)			22b. ADDRESS 818 Olive		22c. DATE SIGNED 6-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-7-57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery			23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.				
24. FUNERAL DIRECTOR Southern Funeral Home				ADDRESS 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 6-6-57		26. REGISTRAR'S SIGNATURE Herbert B. Demble		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death certificate is only valid if signed by a physician or other qualified person. Coroner cannot certify to a death due to natural causes.

(County)

1115

DR. Robert Warner

Paul Brown M.D.

is to 3

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 _____
David Van Tassan

Licensed Embalmer No. 4

P. O. Address 51. Lou

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.