Health, & Welfare Public Service

. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031259
STATE FILE NUMBER

FILED SEP 12 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2260

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Kirkwood — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp. — Length of stay in 1b: 4 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE New York b. COUNTY Erie
c. CITY OR TOWN Buffalo 8310 8 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 121 Newfield St. — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Frederick Middle James Last Richey

4. DATE OF DEATH Month Aug. Day 29 Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH Nov. 24, 1910

9. AGE (In years last birthday) 47 — 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) Structural Steel Dir.

10b. KIND OF BUSINESS OR INDUSTRY Corpu. Ernst Steel

11. BIRTHPLACE (City and state or country) Greenfield, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick S. Richey

13b. MOTHER'S MAIDEN NAME Nora May Fisher

14. NAME OF HUSBAND OR WIFE Elsie Richey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War Two Navy

16. SOCIAL SECURITY NO. 281-05-3444

17. INFORMANT Mrs. Elsie Richey, 121 Newfield St. Address Buffalo, N. Y.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Staphylococcus Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease Aortic Stenosis — 2 yrs
DUE TO (c) 4011X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Lower Nephrone Nephrosis

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 7/29/58, to 8/29/58 and last saw him alive on 8/29/58
Death occurred at 12:22 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles R. Burnside (Degree or title) M.D.
22b. ADDRESS 206 N. Clay Kirkwood Mo
22c. DATE SIGNED 8/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8/29/58
23c. NAME OF CEMETERY OR CREMATORY Pine Hill Cemetery
23d. LOCATION (City, town, or county) Cheektowaga, New York (State)

24. FUNERAL DIRECTOR Pfitzinger Mortuary, Kirkwood, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 8-29-58
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 366

P. O. Address .....

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.