

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 7 1959

210971

59-042408

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

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, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Little Flower Convalescent Home, INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2233 Osage St.,		
3. NAME OF DECEASED (Type or print) First Louisa Middle A. Last Richter			4. DATE OF DEATH Month November Day 25 Year 1959			
5. SEX Female.	6. COLOR OR RACE White,	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/20/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Anhalt, Texas,	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Krause,		13b. MOTHER'S MAIDEN NAME Elizabeth Loehr,		14. NAME OF HUSBAND OR WIFE Gustav C. Richter, (dec'd)		
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. None	17. INFORMANT Address Mrs. Emma M. Collins, 2233 Osage St.,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE WITH ACUTE LEFT VENTRICULAR FAILURE					INTERVAL BETWEEN ONSET AND DEATH 6 YRS 1 HOUR	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GENERALIZED ARTERIOSCLEROSIS					UNK	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIAL NEPHROSCLEROSIS				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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. Month, Day, Year _____						
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 11-6-47 to 11-25-59 and last saw her ^{her} alive on 11-14-59 Death occurred at 11:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Henry Cooper M.D.</i> (Degree or title)			22b. ADDRESS 118 Olive St.		22c. DATE SIGNED 11/27/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	23b. DATE 11/30/59	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St., St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG. NOV 27 1959	26. REGISTRAR'S SIGNATURE <i>Loal Smith, M.D.</i> msb		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

for by _____ me _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, 18,

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.