

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027269

STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7373**  
**FILED AUG 14 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived.. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |  | Length of stay in 1b<br><b>10 days</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Little Flower Nurs. Home</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>226 Horn Avenue</b>   |  |
| 3. NAME OF DECEASED<br>(Type, or, print)<br>First <b>John</b> Middle <b>Risch</b> Last  |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>7</b> Year <b>1961</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10/26/1879</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Grocer</b>  | 9. AGE (last birthday)<br><b>81</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |  |
| 13a. FATHER'S NAME<br><b>John Risch</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mayme</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  |
| 17. INFORMANT<br><b>Berenice Risch</b>  |  | Address<br><b>226 Horn Ave. Lemay, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral vascular Accident -</b><br>DUE TO (b) <b>Cerebral arteriosclerosis</b><br>DUE TO (c) <b>Generalized arteriosclerosis</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 wks</b><br><b>5-10 yrs</b><br><b>5-10 yrs</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>gangrene - 2<sup>nd</sup> + 3<sup>rd</sup> toes - l. Foot</b>   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20. 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.)<br><b>331X</b>   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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  |  | COUNTY STATE  |  |
| 21. I attended the deceased from <b>July 30, 1961</b> to <b>August 7, 1961</b> last saw <sup>her</sup> him alive on <b>August 4, 1961</b><br>Death occurred at <b>10:30 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE<br><b>Leonard D. Piccine M.D.</b>  |  | 22b. ADDRESS<br><b>6303 Natural Bridge</b>  |  |
| 22c. DATE SIGNED<br><b>8-8-61</b>   |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>Aug. 10, 1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Trinity Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Lemay, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>C. Hoffmeister Mortuaries</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>AUG 8 1961</b>   |  |
| ADDRESS<br><b>7314 So. Broadway St. Louis, Mo.</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Leon Smith, M.D.</b>  |  |

**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 John S. Pennehy

Licensed Embalmer No. 4194  
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.