

1939 APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8328
Do not use this space.

2093
Registered No.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. 3500 Rutger St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emily F. Richter

(a) Residence, No. 3500 Rutger St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Richter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 6 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Henry J. Hambacker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Minnie Dressing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Walter Richter
(ADDRESS) 35 00 Rutger

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE 3/11/39 19

19. FUNERAL DIRECTOR (NAME) Edith E. Amoruster
(ADDRESS) 4234 Manchester

20. FILED J. B. Budick 19 4 1939
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2/39 19

22. I HEREBY CERTIFY, That I attended deceased from 10-12 1937, to 3-2 1939
I last saw her alive on about 2-15 1939. Death is said to have occurred on the date stated above, at 9:40 P. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast - metastases to lungs -

Other contributory causes of importance: None

Name of operation Radical + X Ray Date of 10-14-37
What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Phalest Sherwin, M. D.
(Address) 3720 Washington St. St. Louis Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Stormy Eynck*

Licensed Embalmer No. *1284*

P. O. Address *St. Louis Mo.*

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 this body is not embalmed, above space should be left blank.