

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

41189

Registrar's No. _____

10312

Registration District No. 201

Primary Registration District No. _____

1. PLACE OF DEATH: 1003
 (a) County 2
 (b) City or town St. Louis
 (c) Name of hospital or institution: 906 Harlan Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 10 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 906 Harlan Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. Since Birth years.

3. (a) PRINT FULL NAME HELEN B. RICHARDS
 3. (b) If veteran, name war None
 3. (c) Social Security No. None
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 1st
 year 1939 hour 4 minute 15 A. M.
 21. I hereby certify that I attended the deceased from Nov. 22nd
 _____, 1939, to Dec. 1st, 1939;
 that I last saw him alive on Nov. 29th, 1939;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased March 18 1915
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
24 8 13 hr. min.

Immediate cause of death Acute Bronchitis
Chronic Myocarditis
 Due to Arterial Sclerosis
 Due to _____
 Other conditions (Includes pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Springfield Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation At Home
 11. Industry or business Housework
 12. Name Lee Richards
 13. Birthplace Springfield Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Bertna Conn
 15. Birthplace Tulsa Okla
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Lee Richards
 (b) Address 906 Harlan Avenue
 17. (a) Burial (b) Date thereof 12/4/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens Cemetery
 18. (a) Signature of funeral director Math. Hermann & Son
 (b) Address 2161 East Fair Avenue
 19. DEC 2 1939 (b) J. D. Braddock
 (Date received local registrar) (Signature of Registrar)

23. Signature Chas. J. Kralik (M. D. or other) _____
 Address 3635 N. Chestnut St. Date signed 12/4/39

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.

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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 William G. Burkholz

Licensed Embalmer No. 2110

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.