No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4676

Registrar's No. 1506

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town LEMAY ~~St. Louis County~~ NR
(If outside city or town limits, write "RURAL")

(d) Street No. 3705 Viking
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Juaneta Risch

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kenneth Risch

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased May 9, 1913 (Month) (Day) (Year)

8. AGE: Years 26 Months 9 Days 3 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

FATHER
12. Name Dean Elliott
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elsie Schmidt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Kenneth Risch
(b) Address 3705 Viking, St. L. Co.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) FEB 14 1940 (Date received local registrar) (b) J. F. Budech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1940 hour minute 1:10 p/ M.

21. I hereby certify that I attended the deceased from February 5, 1940, to February 12, 1940; that I last saw her alive on February 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute left Ethmoid Sinusitis	Feb 8th
Acute left Sphenoid Sinusitis	Feb 8th
Due to with extension into Cranial Cavity resulting in left	Feb 11th
Due to sided meningitis Hemyltic streptococcus	
Other conditions (Include pregnancy within 3 months of death) Acute Tonsilitis, non diphtheritic	Feb 5th

Major findings:
Of operations
Of autopsy autopsy report quoted above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury

23. Signature Tupper Phillips (M. D. or other)
Address 3923 S. Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr Plumpe
2-4-
3933 S Broad

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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