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

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27228**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7124**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Rachel Richter** **236**

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 **Widow**

6. (b) Name of husband or wife **Late August Richter** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Oct. 23 1862**
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **29** If less than one day hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Strubinger**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Reitz**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ben Richter**

(b) Address **#18 Sunset Ct. Normandy Mo.**

17. (a) **Burial** (b) Date thereof **8-24-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethania Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuary**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **AUG 23 1940** (b) **J. F. Brudeck**
(Date of certificate) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3642 Blaine Ave.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **21st** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **1940** to **1940** and that I last saw him alive on _____, 19____.

and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**

Due to _____

Due to _____

Other conditions **MI**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature **J. F. Brudeck** (Specify type of place) _____
(e) Means of injury

Address **4228 So. Kingshighway Blvd.** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4300 Manchester Ave.
8-9 A.M.

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 Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address _____

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.