

No. 2  
-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF INSURANCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30188

FILED OCT 18 1941  
791

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7527

1. PLACE OF DEATH:

(a) County St Louis, Mo  
(b) City or town St Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hrs.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Casconade  
(c) City or town Hermann 37  
(If outside city or town limits, write "RURAL")  
(d) Street No. 207 E. 2nd St. N.R. 1  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Dr Herman Rickhoff

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased July 8, 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wright City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business \_\_\_\_\_

12. Name Christ Rickhoff

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Eikermann

15. Birthplace Germany 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Rickhoff

(b) Address Hermann, Missouri

17. (a) Removal (b) Date thereof 9-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Mo.

18. (a) Signature of funeral director Albert H. Hoppel

(b) SEP 14 1941 Washington, Mo.

19. (a) \_\_\_\_\_ (b) J. Bredisch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17  
year 41 hour 6:10 minute A M.

21. I hereby certify that I attended the deceased from September 16, 1941, to September 17, 1941;  
that I last saw him alive on September 17, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 14 hrs.

Due to Hypertension 15 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations g. a.  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature Kewellip Sale Jr. (M. D. or other) 0  
Address BARNES HOSPITAL Date signed 9-12-41

(Licensed Embalmer's Statement on Reverse Side)

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

10  
930

**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



Licensed Embalmer No. 3971

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, fact should be so stated above.**