

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rural: St. Ferdinand Journey  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jewish Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Byz. 11 months  
(Specify whether years, months or days) 45 years

3. (a) PRINT FULL NAME Jacob Richter

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Julia Richter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (unk)  
(Month) (Day) (Year)

8. AGE: Years ab. 78 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired (8 yrs.)

11. Industry or business Tailor

12. Name Joseph David Richter

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

14. Maiden name (unk)  
15. Birthplace Hungaria  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Strauss

(b) Address 6300 Enright  
17. (a) burial (b) Date thereof 5/20/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) MAY 20 1943 (b) H. M. Perry M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town R. University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6300 Enright - F. F. Pen  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 59 1/2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1943 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 17,  
1936 to May 18, 1943;  
that I last saw him alive on May 19, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous pneumonia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 13 P1  
(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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Abel (M. D. or other) \_\_\_\_\_  
Address JEWISH SANATORIUM Date signed 5/18/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

126  
21/43

MAY 24 1943

**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. 1597

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.**