

X32873

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22277

LED JUL 12 1943
Registration District No. 1000

Primary Registration District No. 3058

Registrar's No. 105

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YEAR 6 MOS. 6 DYS.
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME EMMA RISKE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

| | | |
|--|--|--|
| 4. Sex <u>F</u> | 5. Color or race <u>W.</u> | 6. (a) Single, widowed, married, divorced <u>WIDOWED</u> |
| 6. (b) Name of husband or wife <u>WM. RISKE</u> | 6. (c) Age of husband or wife if alive _____ years | |
| 7. Birth date of deceased <u>AUGUST 7 1864</u> (Month) (Day) (Year) | | |

| | | | | |
|---------|-----------------|-----------------|----------------|---|
| 8. AGE: | Years <u>78</u> | Months <u>9</u> | Days <u>28</u> | If less than one day _____ hr. _____ min. |
|---------|-----------------|-----------------|----------------|---|

9. Birthplace MISSOURI - _____
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name WM. RISK DONOT KNOW

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

14. Maiden name SOPHIA HELLENBERG

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Theophil Storker

(b) Address Emmaus Home

17. (a) Rural (b) Date thereof June 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marthasville Mo.

18. (a) Signature of funeral director Wickham Paul

(b) Address St Charles Mo.

19. (a) 6/7/43 (b) Konrad G. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN

(c) City or town MARTHASVILLE 107
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 5th 1943 to June 5th 1943
that I last saw her alive on June 3rd 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia

Due to _____

Due to Chr. Interstitial Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: no

Of operations no

Of autopsy no

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)

(e) Manner of injury _____

23. Signature Dr. Erich Schuch (M.D. or other) _____
Address St Charles Mo. Date signed 6/5/43

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.....

Arthur C. Bane

Licensed Embalmer No. *3154*

P. O. Address.....

St Charles 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, fact should be so stated above.