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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23404

State File No. _____

JUL 31 1943 318

1003

Registrar's No. 6655

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____ (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: 4547 Cadett.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Louisa, J Rich.

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 2

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

7. Birth date of deceased May 8 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

92	2	14	hr. _____ min.
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9. Birthplace West Virginia.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name John C Given.

13. Birthplace unknown. 9

14. Maiden name Elizabeth Baker. 9

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

16. (a) Informant R. Glassey.
(b) Address 4547 Cadett.

17. (a) Removal (b) Date thereof July 28 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Edith, E. Ambruster.
(b) Address 4234 Manchester.

19. (a) JUL 23 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 7/18

(a) State Missouri. (b) County _____

(c) City or town ST. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 4547 Cadett.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22,
year 1943 hour 9 minute 01 A.M.

21. I hereby certify that I attended the deceased from March 30, 1942, to July 22, 1943,
that I last saw him alive on July 22, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis 10 yrs
Ameemia 1 yr

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

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?
(Specify type of place)

While at work? _____ Means of injury _____

23. Signature W. A. ... (M. D. or other) _____
Address 1625 ... Date signed 7/23/43

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

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.....

J. Allen Davis Jr
.....
Licensed Embalmer No. *4053*
.....

P. O. Address.....
Ed

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **AUG 2 1943**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **660-8**

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:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME..... **Louisa J. Reich**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex..... **F** 5. Color or race..... **W**
 6. (a) Single, widowed, married, divorced..... **Widow**

6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... Years

7. Birth date of deceased..... **May 8 1880**
(Month) (Day) (Year)

8. AGE: Years..... **92** Months..... Days..... Unless than one day min.....

9. Birthplace..... **W. Va.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name..... (City, town, or county) (State or foreign country)

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

16. (a) Informant.....
 (b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
 (b) Address.....

19. (a) **AUG 4 1943** **J. F. Buddeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town..... (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** year..... **1943** hour..... minute..... M.
 21. I hereby certify that I attended the deceased from..... 19.....;
 that I last saw him..... alive on..... 19.....;
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

Due to.....
 Due to.....
 Other conditions..... (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..... (M. D. or other)
 Address..... Date signed.....

SUPPLEMENTARY

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

5-23404