

LED SEP 17 1943 318

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7894**

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **4 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St Louis**
(c) City or town **Sappington**
(If outside city or town limits, write "RURAL") **N.R.**
(d) Street No. **R.R. #6**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Lizzie Richards**
(b) If veteran, name war
(c) Social Security No. **XXXX**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **George Richards**
6. (c) Age of husband or wife if alive **81** years
7. Birth date of deceased **Feb 13 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Day **29** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **John Heidel**
13. Birthplace **Germany U**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Eirehanz**
(City, town, or county) (State or foreign country)
15. Birthplace **Germany U**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Richards**
(b) Address **R.R. # 6 Sappington, Mo.**

17. (a) **Burial** (b) Date thereof **9-5-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Park Hill Cemetery**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**
(b) Address **131 W. Argonne Dr. Kirkwood, Mo.**

19. (a) **SEP 3 1943** (b) **J. F. Bueckel**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **2**
year **1943** hour **6** minute **30 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Causes of infection** Duration
Pathological fracture of left femur
when she fell in her home
Due to **at Sappington Mo. May**
5th 1943 about 11:20 PM

Due to **Hospital**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **186**
Of autopsy **18**

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

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) **May 3, 1943**
(b) Date of occurrence **Residence**
(c) Where did injury occur? **Home**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) (e) Means of injury **Fall**

23. Signature **Alfred Meyer** (M. D. or other)
Address **W. Argonne** Date signed **9/3/43**

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

529
17
9

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

John M. Meyer

Licensed Embalmer No.

3388

P. O. Address

Hickwood, 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.