V. S. No. 2
.00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30314

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 8762

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: City Sanitarium (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 9yr. 2mo. 2das. (Specify whether years, months or days) In this community 39 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~3~~ 13

(c) City or town St. Louis (If outside city or town limits, write "RURAL") ~~2~~ 000

(d) Street No. 2500 S. 18th St. (If rural, give location) 17

(e) Citizen of foreign country? No (Yes or No) 9

If yes, name country 0

3. (a) PRINT FULL NAME Mayme ERichey.

3. (b) If veteran, name war No

3. (c) Social Security No. ____

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Walter Richey

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased August (Month) 15 (Day) 1885. (Year)

8. AGE: Years 58 Months 1 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation House-wife

11. Industry or business ____

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Canada (State or foreign country)

16. (a) Informant Thelma Singler
(b) Address 5400 Arsenal

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

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) OCT 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd. year 1943 hour 7.00 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-36, 19__, to 10-2-43, 19__; that I last saw her alive on 10-2-43, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lung Abscess - non tuberculous	
Due to Carbuncle on neck and over dorsal spine.	
Due to Two weeks duration cause,	
Other conditions Not determined (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? ____ (e) Means of injury ____

23. Signature Walter L. Moore (M. D. or other) MD
Address 5400 Arsenal St. Date signed 10-2-43

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

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.