

FILED MAR 13 1944
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5644

State File No. 2224

Registrar's No.

Registration District No.

Primary Registration District No. 1003

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:
De Paul Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union
(c) City or town Anna
(If outside city or town limits, write "RURAL") NR
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mildred Eugenia Richart

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Mathew August Richart 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased May 14 1917
(Month) (Day) (Year)

8. AGE: Years 26 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Herman Lee Frick
13. Birthplace Jonesboro Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Isabelle Brown
15. Birthplace Jonesboro Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mertle Haynes
(b) Address Anna, Ill.

17. (a) Removal (b) Date thereof 3-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAP (b) J. F. Bralich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1944 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 21st 1944 to March 3rd 1944
that I last saw her alive on March 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute postoperative thyrotoxic crisis Duration 26 hrs.

Due to Toxic hyperplastic goiter

Due to Never been determined

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

Major findings: Of operations Hyperplastic goiter

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?

While at work? _____ (Specify type of place) (a) Means of injury 1

23. Signature Willard G. Butler (M.D. or other) _____
Address 607 N. Grand, St. Louis, Mo. Date signed 3-6-44

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

John Gonski
.....
Licensed Embalmer No. *3398*
.....

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.