

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22124**
5288
Registrar's No. _____

Registration District No. **318**

Primary Registration District No. **1003**

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:
Jewish Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

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

(d) Street No. 1416 Shawmut Pl
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA RICHMOND

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 Widowed

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

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

Abt. 64 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housework

12. Name Jacob Herman Spritz

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

14. Maiden name Mary Friedman

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

16. (a) Informant Mary Zarovitz
(b) Address 1416 Shawmut

17. (a) Burial (b) Date thereof 6-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona

18. (a) Signature of funeral director Oppenheimer
(b) Address 4469 Washington

19. (a) JUN 14 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour 11 minute 45 a M.

21. I hereby certify that I attended the deceased from May 6 1946, to June 13 1946
that I last saw her alive on June 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma
Carcinoma of the stomach

Due to _____

Due to _____

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

Major findings: Carcinoma of stomach
Of operations metastatic

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) (c) Means of injury _____

23. Signature Robert Ford (M. D. or other) M.D.
Address Jewish Hospital of St. Louis Date signed June 13 1946

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

[Handwritten Signature]

Licensed Embalmer No.

2669-

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.