

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. **10996**
2918

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6119 Southwest Ave.		d. STREET ADDRESS (If rural, give location) 6119 Southwest Ave. 6	
3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) c. (Last) Richards		4. DATE OF DEATH (Month) (Day) (Year) Mar. 26 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept. 19, 1908
9. AGE (In years last birthday) 41 If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY P B X Operator	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Walter Richards		13b. MOTHER'S MAIDEN NAME Emma Marshall	
14. NAME OF HUSBAND OR WIFE Frederic Streib		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. 488-07-6119		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Bischoff 6119 Southwest Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Psychoneurosis DUE TO (c) Malnutrition	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 3185 (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Nov. 9, 1949 , to Mar. 26, 1950 , that I last saw the deceased alive on Nov. 24, 1950 , and that death occurred at 11:15 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE J. Schultz (Degree or title) O M.D.		23b. ADDRESS 2813 E. Watson Park.	
23c. DATE SIGNED 3/27/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar. 29, 1950		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St.	
DATE REC'D BY LOCAL REG. MAR 29 1950		REGISTRAR'S SIGNATURE J. B. Sasater	

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

Dr. S. Schultz,
Watson Rd.
3:00 PM

OCT 13 1951

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Bondway

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.