

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31432**

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **168**

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>	
c. LENGTH OF STAY (in this place) <b>76 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>123 South 6th St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>123 South 6th St</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>D</b> c. (Last) <b>Richterkessing</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 17 1950</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 13 1874</b>	9. AGE (In years last birthday) <b>76</b>	10. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>St Charles</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Henry Richterkessing</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Sandfort</b>		14. NAME OF HUSBAND OR WIFE <b>Lena Soenker Richterkessing</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lena Richterkessing</b> ADDRESS <b>123 So. 6th St</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>			
		ANTECEDENT CAUSES			
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <b>Prostatic Urinary Retention</b>			
		DUE TO (c) <b>Prostatic Hypertrophy</b>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Widespread Rectal fistula.</b>			

19a. DATE OF OPERATION <b>6/13/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Prostatic Hypertrophy</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **July 28, 1950**, to **Sept. 17, 1950**, that I last saw the deceased alive on **Sept. 17, 1950**, and that death occurred at **S. P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Jenkins M.D.</b>		23b. ADDRESS <b>St. Charles, Mo.</b>		23c. DATE SIGNED <b>9/20/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 20 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St Charles Mo</b>	

DATE REC'D BY LOCAL REG. <b>9-18-50</b>		REGISTRAR'S SIGNATURE <b>Francis H. H. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McKinnon-Paine</b> ADDRESS <b>St Charles Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

923

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 25 1950

RECEIVED

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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 \_\_\_\_\_

*Arthur C. Bane*

Licensed Embalmer No. 2155

P. O. Address St Charles 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.