

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14632**
Registrar's No. **3468**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|-----------------------------------|--|-------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | 2109 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | d. STREET ADDRESS (If rural, give location) 10 3812A Ashland Ave. | |

3. NAME OF DECEASED (Type or Print)
a. (First) **August H.** b. (Middle) **Richter** c. (Last)
4. DATE OF DEATH (Month) (Day) (Year)
Apr. 10, 1951

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married 8. DATE OF BIRTH **Oct. 4, 1874** 9. AGE (In years last birthday) **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Supt. 10b. KIND OF BUSINESS OR INDUSTRY
Brown Shoe Co. 11. BIRTHPLACE (State or foreign country)
St. Louis 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Charles Richter** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE
Olga M. Richter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No 16. SOCIAL SECURITY NO. **489-07-6256** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Olga M. Richter 3812A Ashland 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Internal Hemorrhage Ruptured Spleen; Fr. of ribs, suffered when depressed fell from board floor window on the sun porch at 3812 a Ashland**

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
an April 10th 1951 at about 1230 pm

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION
000 Accident 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
St. Louis, Mo 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY **Apr 10 5:15 pm** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?
6902-0

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:15 pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Detech E. Taylor, 3 Coronel 23b. ADDRESS
1300 Clark 23c. DATE SIGNED
4.12.51.

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial 24b. DATE
4/14/51 24c. NAME OF CEMETERY OR CREMATORY
Valhalla Cemetery 24d. LOCATION (City, town, or county) (State)
St. Louis County

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
APR 13 1951 JB Lester 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Fred C. Henke 4911 Washington Blvd.

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

Handwritten scribble

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

John J. Laina

Licensed Embalmer No. *4108*

P. O. Address *St. Louis 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.