

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21637

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>309</sup> 310 PRIMARY REG. DIST. NO. <sup>750</sup> 6052 Registrar's No. <sup>9</sup> 9

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Portage</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Portage Des Sioux</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Machens, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>Machens, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b>	b. (Middle) <b>EMIL</b>	c. (Last) <b>RICHTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 6 1952</b>
--	----------------------------	-----------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 5, 1875</b>	9. AGE (In years last birthday) Months Days <b>77</b>	IF UNDER 1 YEAR Hours Min.
-----------------------	----------------------------------	--	---	--	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	--	---	---

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Nora Richter Nee Fridley</b>
--------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Nil</b>	16. SOCIAL SECURITY NO. <b>Nil</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John H. Richter, Machens, Mo.</b>	ADDRESS
---	---------------------------------------	---	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>1 Hour</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Influenza</b>		<b>1 wk</b>
DUE TO (c)			
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 <b>481X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **June 5, 1952**, to **June 6, 1952**, that I last saw the deceased alive on **June 6, 1952**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. C. Dallmeyer, M.D.</b>	23b. ADDRESS <b>Portage Des Sioux</b>	23c. DATE SIGNED <b>6/7/52</b>
--	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 8, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles Co., Mo.</b>
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>June 14 1952</b>	REGISTRAR'S SIGNATURE <b>H. C. Dallmeyer 366</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>H. C. Dallmeyer &amp; Sons Co., St. Charles</b>
---	---	--

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

0920

0920

**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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

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.