No. 300
10.48

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14446

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1026

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (In this place): 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 300 E Swon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 300 E Swon

4587

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): PETER
c. (Last): RICHARDT

4. DATE OF DEATH (Month) (Day) (Year): 4-29-1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-22-1898
9. AGE (In years last birthday): 56 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Const. Superintendent Union Elec.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Richardt
13b. MOTHER'S MAIDEN NAME: Mary Kjergaard
14. NAME OF HUSBAND OR WIFE: Opal Richardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: 493-05-1874
17. INFORMANT'S SIGNATURE OR NAME: Opal Richardt
ADDRESS: 300 E Swon

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — Interval between onset and death: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 4 hours
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: None
19b. MAJOR FINDINGS OF OPERATION: --------
4201
20. AUTOPSY? YES ☐ NO ☒

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): ------ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 4/27, 1954, *to* 4/28, 1954, *that I last saw the deceased alive on* Apr. 28, 1954, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 19 E. Lockwood Ave., Webster Groves (19) Mo.
23c. DATE SIGNED: 4-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-3-1954
24c. NAME OF CEMETERY OR CREMATORY: St. Lucas Cemetery
24d. LOCATION (City, town, or county) (State): Sappington Mo.

DATE REC'D BY LOCAL REG.: 5-12-54
REGISTRAR'S SIGNATURE: Herbert R. Smoke
25. FUNERAL DIRECTOR'S SIGNATURE: Parker-Aldrich & Home
ADDRESS: Webster Groves Mo.

(Licensed Embalmer — See Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie Walch

Licensed Embalmer No. 4.39

P. O. Address Webster Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.