

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42898

State File No.

318

1003

Registrar's No. 10517

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|--|-------------------------------|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>12 Hrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | <u>2179</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>17 2356 Louisiana</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>Tritschler</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1954</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Sept. 10, 1883</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Hardware Buyer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shapleigh</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Leo Tritschler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Augusta Preuss</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>492-03-7367</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leo Tritschler 6945 Roland</u> | | | |
| 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronch pneumonia</u> DUE TO (c) <u>(bilateral) Terminal Carcinoma of Lungs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>145X</u> | | | |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Catriel C. Taylor Carauer</u> | | | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>11. 1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Nov. 19, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>NOV 19 1954</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec St.</u> | | | |

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 embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Jack Haupt.....

Licensed Embalmer No. 4746.....

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.