

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43951

State File No. _____

11558

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		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 OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>				e. STREET ADDRESS (If rural, give location) <u>18 3500 Rutger 21890</u>			
3. NAME OF DECEASED (Type or Print) <u>WALTER</u>			a. (First)	b. (Middle)	c. (Last) <u>RICHTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 18 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>Oct 11 1888</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia Mo 0</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Bernard Richter</u>		13b. MOTHER'S MAIDEN NAME <u>Eamstie Light</u>		14. NAME OF HUSBAND OR WIFE <u>Emily Richter</u>			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter J Richter 4809 Autumn Aff ton</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) <u>Cardiac insufficiency</u> <u>All engorged</u> <u>Overstrained myocardium</u> <u>Arteriosclerotic heart disease</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hr</u> <u>11</u>	
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>St. Louis St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>			
22. I hereby certify that I attended the deceased from <u>Nov 18, 1954</u> , to <u>Dec 18, 1954</u> , that I last saw the deceased alive on <u>Dec 18, 1954</u> , and that death occurred at <u>11:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Goetz M.D.</u>				23b. ADDRESS <u>1325 S. Grand</u>		23c. DATE SIGNED <u>Dec 18, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 21 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Picker</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		
DATE REC'D BY LOCAL <u>DEC 20 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schnur</u>		ADDRESS <u>3125 Lafayette</u>	

(Licensed Embalmer's 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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed.....
Thomas R. Fenwick

Licensed Embalmer No. *379*

P. O. Address *3125 Lafayette*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.