Health,
& Welfare
Public
Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37039
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Saint Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosptial — Length of stay in Hospital 30min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN Rural-Portage twsp. — Inside Limits Yes ☐ No X
d. STREET ADDRESS Machens (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Elnora, Middle E., Last Richter
4. DATE OF DEATH: Month Oct., Day 16, Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: June 18, 1880
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 5, Days 28 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own
11. BIRTHPLACE (City and state or country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown B.T. Fridley
14. MOTHER'S MAIDEN NAME: unknown Rose Ann Sadler
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.: None
17. INFORMANT: Herman Richter — Address: Portege des Sioux, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular — unknown
DUE TO (c) Renal disease 442X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1957 to October 16th 1957 and last saw her alive on Oct. 16, 1957
Death occurred at 6 20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Allan H. Christiansen (Degree or title) DO
22b. ADDRESS: 1009 McCausland
22c. DATE SIGNED: 10-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 19, 1957
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or township) (State): Saint Charles, Mo.

24. FUNERAL DIRECTOR: D. C. Dallmeyer's Sons — ADDRESS: St. Charles, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 18-57
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

570

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 48

P. O. Address St. Chark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.