

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046216

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No.

312

Primary Registration District No.

1003

Registrar's No.

11728

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		Length of stay in lb 30 Years	d. STREET ADDRESS (If outside, give location) 5935 Garesche Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VERN RICHART			4. DATE OF DEATH Month Day Year December 5th, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 1, 1902		9. AGE (In years from birth day) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frising Guard		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Metro. Police Dept.	11. BIRTHPLACE (City and state or country) Nebraska City, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME (Unknown) Richart		13b. MOTHER'S MAIDEN NAME Emma Schaefer		14. NAME OF HUSBAND OR WIFE J. Dolores Richart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Dollie Richart, 5935 Garesche Ave., 20	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion (6 hrs) sudden DUE TO (b) Coronary arteriosclerotic heart dis. 4 1/2 yrs. i occlusion and infarction DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 12/19/58 none					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1		
20c. TIME OF INJURY Hour Month, Day, Year - - - -			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 5-10-54 to 12-5-58 and last saw him alive on 9-4-58 Death occurred at 5:00 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edward P. Rehr MD			22b. ADDRESS 4500 Olive St. Louis (8) Mo		22c. DATE SIGNED 12-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/8/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or country) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.			25. DATE RECD. BY LOCAL REG. DEC 5 '58		26. REGISTRAR'S SIGNATURE Carl Smith MD mrg

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John A. Melnar*

Licensed Embalmer No. *4186*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.