

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

2022

State File No.

69103

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

862

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

St. Louis, Mo.

c. LENGTH OF
STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Mo.

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)
24th TOWN Mo, St Louisd. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Louis City Hospital #1.

d. STREET
ADDRESS

2018 Pestalozzi

3. NAME OF
DECEASED
(Type or Print)

a. (First)

ERNEST

b. (Middle)

c. (Last)

RICHTER

4. DATE

(Month)

(Day)

(Year)

OF
DEATH Jan. 25th, 1951

5. SEX

MO

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 26 1871

9. AGE (In years
last birthday)

79

10. UNDER 1 YEAR

Months

Days

Hours

Min.

6

27

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)10b. KIND OF BUSINESS OR IN-
DUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

Christa Richter

13b. MOTHER'S MAIDEN NAME

Not known

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY
NO.

NONE

17. INFORMANT'S SIGNATURE OR NAME

Charles Richter

ADDRESS

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 dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

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.

MEDICAL CERTIFICATION

Hemorrhage left middle
cerebral artery
hypertensive
arteriosclerotic heart
diseaseINTERVAL BETWEEN
ONSET AND DEATH

7 days

?

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

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)

(Minute)

(Second)

(m.)

(p.m.)

21e. INJURY OCCURRED

WHILE AT

WORK

NOT WHILE

AT WORK

21f. HOW DID INJURY OCCUR

4200

22. I hereby certify that I attended the deceased from 1/19/51, 19__, to 1/25/51, 19__, that I last saw the deceased
alive on 1/25/51, 19__, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE

C. J. Fitzpatrick, M.D.

(Degree or title)

23b. ADDRESS

1515 Lafayette Ave.,

23c. DATE SIGNED

1/26/51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

1-29-1951

24c. NAME OF CEMETERY OR CREMATORY

Resurrection

24d. LOCATION (City, town, or county)

St Louis Co, Mo

(State)

DATE REC'D BY LOCAL
REG.

JAN 27 1951

REGISTRAR'S SIGNATURE

J B Faser

25. FUNERAL DIRECTOR'S SIGNATURE

Winghennichle funeral home

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

3818 S. Brown

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 _____

working under my personal supervision.

Student Embalmer No.

Signed George J. Dingham

Signed.....
Student Embalmer

Licensed Embalmer No. 4611

P. O. Address.....

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.