

S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **17967**
Registrar's No. **5033**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5033**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4909 Emerson Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4909 Emerson Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GRACE E. RICHIE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Marvel J. Richie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 28, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>3</u>	hr. _____ min.

9. Birthplace Iron Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert H. Ellett

13. Birthplace Lynchburg Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Rigney

15. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Richie

(b) Address 4210 Linton Avenue

17. (a) Burial (b) Date thereof June 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Missouri

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) JUN 1 1948 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1, 1948
year _____ hour 12:35 minute A M.

21. I hereby certify that I attended the deceased from May 9 -
1948 to June 1, 1948
that I last saw her alive on June 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis - Char

Due to decompensation

Due to _____

Other conditions (include pregnancy within 3 months of death) 9/3/48

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. F. Brudack (M. D. or other)
Address 636 N Taylor Date signed June 1

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

185
N 780

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Henry A. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.