

APR 23 1930

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

7576

1. PLACE OF DEATH

County Andrew  
Township Rockester  
City Robert Richter (No.           ) St.            Ward           

Registration District No. 16  
Primary Registration District No. 5020

File No.             
Registered No. 4

2. FULL NAME

(a) Residence. No.            St.            Ward             
(Usual place of abode)            (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? 74 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Richter  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-12-1840  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 89 | 5 | 23

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/5 1930  
17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to March 5, 1930 that I last saw            alive on           , 1930, and that death occurred, on the date stated above, at 10:15 p.m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Old Age

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)             
(c) Name of employer           

CONTRIBUTORY (SECONDARY) 164  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH?             
DID AN OPERATION PRECEDE DEATH?            DATE OF             
WAS THERE AN AUTOPSY?           

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
10. NAME OF FATHER Frank Richter  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Praper  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) E. M. Reynolds, M. D.  
3/6, 1930 (Address) Union Star MO  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Wm Richter  
(Address) Helena MO

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cemetery DATE OF BURIAL 3/8 1930

15. FILED 9/6 1930 Ms. Bettie Boyce  
REGISTRAR

20. UNDERTAKER H. Wilson ADDRESS King City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

