

JAN 28 1928

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

Do not use this space.

14609-a

1. PLACE OF DEATH:

County St. Louis
Township S. 1 Grand
City St. Louis (No. 386 Spring View)

Registration District No. 784
Primary Registration District No. 6030

File No.
Registered No.
St. Ward

2. FULL NAME Arthur Richter

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work art store
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Emil Richter

11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Louis
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hilda Kuchler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lockwood, Mo.
(STATE OR COUNTRY)

14. INFORMANT Emil Richter
(Address) 386 Spring View

15. FILED May 1 1928 O. P. Schieffelin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 28th 19 28

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1928, to Apr 28, 1928, that I last saw him alive on Apr 28, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9 Lobar Pneumonia
108 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Whooping Cough
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Yes

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Alfred Theo. Vogel, M. D.

4/30, 1928 (Address) 4244 W. Florissant

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Burial DATE OF BURIAL May 1 1928

20. UNDERTAKER Thos. H. Berderson ADDRESS 1926 St. Louis

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.

1947