

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

Do not use this space.

1. PLACE OF DEATH

County.....
Towship.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. 5463 Morris br.)

File No. 22181
Registered No. 6362
St. Ward)

2. FULL NAME

(a) Residence. No. St. 2 Ward.
(Usual place of abode)
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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Riechman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1849 July 17

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 3 24 — — —

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Peter Boerhndue

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mathilde Rohlfing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Martha Wisnitch
(Address) 5463 Morris br.

15. FILED 15 1922 May 22 1922
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/11 1928

17. I HEREBY CERTIFY That I expired deceased from Chronic Myocarditis that I last saw alive on June 11 1928 and that death occurred, on the date stated above, at 11 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
a.c.
97

CONTRIBUTORY (SECONDARY)

arterio Sclerosis
(duration) 3 yrs. mos. da.
(duration) 10 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Walter H. Rohlfing M.D.

(Address) 4724 Grover

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

DATE OF BURIAL

Black Jack June 5 1928
20. UNDERTAKER Theo. H. Budinwidan ADDRESS 1536 H.L. Ave.

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.

WHITE PRINT, WITH OUTLINE

