WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29063

Township ..... Primary Registration District No. 1003 Registered No. 8570

City St. Louis 2632 Michigan Ave. St. ..... Ward)

2. FULL NAME Josephine Richard

(a) Residence. No. 2632 [illegible] St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where [illegible] yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Constantine Richard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27th. 1849.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79		1	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Missouri

PARENTS

10. NAME OF FATHER Michael Laflure

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Ida Witte
(Address) 2632 Michigan Ave.

15. FILED AUG 24 1928, 19.. Max C Stark Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23nd. 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1928, to Aug 23, 1928 that I last saw her alive on Aug 22, 1928, and that death occurred, on the date stated above, at 3.45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Enteritis
120B

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 114

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) H M Kinner, M. D

Aug 23, 1928 (Address) 2134 Gravois Av.

*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
New Pickers Cemetery	Aug. 25-1928.
20. UNDERTAKER Wacker-Helderle	ADDRESS 2331 S. Broadway