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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 38258

Township ..... Primary Registration District No. 1003 Registered No. 10858

City St Louis (No. 1726 a California Ave St. ..... Ward)

2. FULL NAME MINNIE RICHTER

(a) Residence. No. ..... St., 23 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Wife of George Richter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 18.1876.

7. AGE: 51. YEARS | MONTHS: 11 | DAYS: 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): For Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sullivan
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Alex Pratt

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

12. MAIDEN NAME OF MOTHER: Mary Kemberlin

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

14. INFORMANT George Richter
(Address) 1726 a California ave

15. FILED NOV -6, 1928 Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1928, to Nov. 4, 1928, that I last saw her alive on Nov - 4 - 1928, and that death occurred, on the date stated above, at 9:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis acute

11 B

91 A

11 B

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

CONTRIBUTORY (SECONDARY) Sagrippe

(duration) ..... yrs. ..... mos. 10 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) James M. Haven, M. D

, 19 (Address) 2025 S Jefferson

*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: St Paul Church Yard

DATE OF BURIAL: Nov 6 1928

20. UNDERTAKER: McLaughlin

ADDRESS: 1631 Missouri