

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

Do not use this space.

38351

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township _____ Primary Registration District No. 6.248N
 City Richmond Highl. (No. 6544 Clayton) St. _____ (Ward)

File No. _____
 Registered No. 276

2. FULL NAME

Lennie Richard
 (a) Residence. No. 6544 Clayton Ave. 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>80</u>	<u>10</u>	<u>10</u>	<u>25</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (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 Casper Beinke

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Henry Klosterman
 (Address) 6544 Clayton Ave.

15. FILED 11/6 19 29 L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1929
 17. _____

I HEREBY CERTIFY, That I attended deceased from Aug. 11th, 1929, to Nov. 4, 1929, that I last saw h. es. alive on Nov. 4, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of breast
50 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Seizure
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT IN PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Hemogram, mass

(Signed) J. S. Shelk, M. D.
11-4-1929 Address 14398 Chouteau

*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 Bellefontain Cem DATE OF BURIAL Nov 7 19 29

20. UNDERTAKER A. Kron & Co ADDRESS 2707 m. Grand 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.

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