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

Do not use this space.

6108

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township — Primary Registration District No. 3036 — Registered No. 18

City St Charles (No. 710, W. 6th St. Ward)

2. FULL NAME Carl Robert Richter

(a) Residence. No. 710 W. 6th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18th 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	3	18	

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) St Charles (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Carl Richter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Charles (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mildred Singleclinc
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Charles (STATE OR COUNTRY) Mo

14. INFORMANT Carl Richter
(Address) 710 W. 6th St.

15. FILED 2/8, 1930 Hy. G. Bloeban REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from February 6, 1930, to February 6, 1930 that I last saw him alive on February 6, 1930, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Convulsions
11 B
8 B (duration) yrs. mos. 3 hrs ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs

(Signed) B. P. Wentker, M. D.
Feb 5, 1930 (Address) St. Charles, Mo

*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
Oak Grove Cemetery	Feby 8 1930
20. UNDERTAKER	ADDRESS
H. Dallmeyer & Sons Co	800 N. 2nd St.

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.

1930 92 4 8