

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

Do not use this space.

6623

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **4440 Dewey Ave**)

File No.....
Registered No. **1441**
St. Ward)

2. FULL NAME

(a) Residence. No. **4440 Dewey Ave** St., **15** 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christina Ricchmann		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24-1850		
7. AGE	YEARS 79	MONTHS 10
	DAYS 15	If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: **Farmer**

(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
Unknown

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 (Address)
Usury W Ricchmann
4440 Dewey Ave

15. FILED REGISTRAR
J. C. Amberg

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1930, to Feb. 9, 1930 that I last saw him alive on Feb. 8, 1930, and that death occurred, on the date stated above, at 10:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chr.
950
112
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) As above non
Tubercular (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Home

8. DID AN OPERATION PRECEDE DEATH? DATE OF: No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? My Exam.

(Signed) **Lucy N. Paul** M. D.
2/10, 1930 (Address) 3115 P. Ward.

*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
Germann Mo Feb 12 1930

20. UNDERTAKER ADDRESS
Waeker Helderle 2331 5 Blum

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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