

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

Do not use this space.

24331

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 5005

City St. Louis (No. Deaconess Hosp.)

File No.

Registered No. 6464

St. Ward)

2. FULL NAME William F. Richmann

(a) Residence. No. 6341 Audrey Ave. St. 4 Ward. St. Louis Co. Mo.
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	52	3	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none Invalid
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Richmann

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

12. MAIDEN NAME OF MOTHER Margaret Siemes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Elizabeth Ayers
(Address) 6341 Audrey Ave.

15. JUL -5 1930 FILED 19 W. C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1 1930 to July 3 1930, that I last saw him alive on July 3 1930, and that death occurred, on the date stated above, at 11:05 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Arteriosclerosis
41-42
4609 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 440 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. C. Parker M. D.

75, 1930 (Address) 6341 Audrey Ave. St. Louis

*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

St. Peters Cemetery 7-5 1930

20. UNDERTAKER ADDRESS

Geo. L. Pleitsch 5966 Easton

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.

126.10.10

8.30.10