

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

Do not use this space.

25332

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
1003
Primary Registration District No.....
(No. Lutheran Hospital)

File No.....
Registered No. 7565
St. Ward)

2. FULL NAME August H. Richter

(a) Residence. No. 5039 Leona Avenue 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) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Richter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 21, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	75	11	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carriage Builder
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER Henry Richter

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Emma Richter
(Address) 5039 Leona Avenue

15. FILED 11 29 1937 Wm E. Tucker REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1930 to July 28, 1930 that I last saw him alive on July 28, 1930 and that death occurred, on the date stated above, at 4:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis and Heart Enlargement
936 #1 Can not state
191 (duration) 1 yrs. 8 mos. 8 ds.

CONTRIBUTORY (SECONDARY) Can not state # heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Lutheran Hospital
(CITY OR PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) E. A. Scott M. D.

, 19 (Address) 354 1/2 S. Grand St.

*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 Sunset Burial Park DATE OF BURIAL July 30, 1930

20. UNDERTAKER Wacker-Heldrich ADDRESS 2531 S. Brdwy.

K. 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.

