

31013

File No. _____
Registered No. 266
St. _____ Ward)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NOV 3 1930

1. PLACE OF DEATH

County St. Louis Registration District No. 189
Township Central Primary Registration District No. 603380
City Central Town (No. 3718) Jennings Rd St. _____ Ward)

2. FULL NAME

Richard Henry Richter
(a) Residence. No. 4941 Cleatha St. _____ Ward. (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) Aug. 31 = 19307. AGE YEARS MONTHS 13 DAYS IF LESS THAN 1 day, _____ hrs. or _____ min. 15

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) Missouri10. NAME OF FATHER Henry J. Richter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri12. MAIDEN NAME OF MOTHER Emma Innes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri14. INFORMANT Henry J. Richter(Address) 4941 Cleatha Ave15. FILED 9/15 19 30 Wella Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14 193017. I HEREBY CERTIFY, That I attended deceased from August 31, 19 30, to Sept. 14, 19 30 that I last saw him alive on Sept. 14, 19 30, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intermittent Neonatal Disease marked by anemia-splenic enlargement & destruction Complete Hemiplegia (duration) 7 yrs. 13 mos. 13 ds.

CONTRIBUTORY (SECONDARY)

(duration) 10 yrs. 10 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. ✓DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS clinical(Signed) Luke B. DeLeon, M. D.9/15, 19 30 (Address) 3718 Jennings Rd

*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 Valhalla Cern. DATE OF BURIAL Sept. 15 193020. UNDERTAKER Jos. W. Clark ADDRESS 1125

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.

