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

Do not use this space.

17,016

File No. .....
Registered No. 4

1. PLACE OF DEATH
County: Andrew
Township: Rochester
City: ..... (No. ..... St. ..... Ward)
Registration District No. 16
Primary Registration District No. 5622

2. FULL NAME Louisa R. Richter
(a) Residence. No. ..... St., ... Ward. Helena, 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.

JUN 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Robert F. Richter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24 — 1848

7. AGE: Years 83 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

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9. BIRTHPLACE (CITY OR TOWN) Buffalo
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER George Whitman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Christina Rentz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Wm Richter
(Address) Helena, Mo.

15. FILED 5/20, 1931. Mrs. Bettie Berggies
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1931

17. I HEREBY CERTIFY, That I attended deceased from June, 1931, to May 18, 1931, that I last saw her alive on May 18, 1931, and that death occurred, on the date stated above, at 6:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Old age.

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

CONTRIBUTORY (SECONDARY) .....

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

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E M Reynolds, M. D
May 19, 1931 (Address) Union Star 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: Oak Grove Cemetery
DATE OF BURIAL: May 21 1931

20. UNDERTAKER: F. D. Wilson
ADDRESS: King City

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.