

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

Do not use this space.

36444

File No. _____
Registered No. **10985**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 78
Township _____ Primary Registration District No. 78
City St. Louis Mo (No. _____)

2. FULL NAME

Elizabeth Richert
(a) Residence No. 2616 Indiana Ave St. _____ Ward 23
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Henry Richert.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4-1863
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 1 27
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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 George Koehler
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) Unknown

14.

INFORMANT Henry Richert
(Address) 1706 Telegraph

15.

FILED NOV - 1, 1931
REGISTRAR W. R. J. J. J.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31- 1931

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to October 23, 1931 that I last saw her alive on October 30, 1931, and that death occurred, on the date stated above, at 6-40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
(duration) 5 yrs. — mos. — ds.
CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage & Hemiplegia (duration) 2 yrs. 2 mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam.
(Signed) J. P. Cairns, M. D.

*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 St. Pauls Lutheran Cemetery DATE OF BURIAL Nov. 2, 1931

20. UNDERTAKER Fred A. Heiligtag ADDRESS Kimmwick Mo. A. R. #3

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

