

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

Do not use this space.

20666

**1. PLACE OF DEATH**

96 County St. Louis  
 Township Meramec  
 City (No. ....) (No. ....) (Ward) .....

Registration District No. 785  
 Primary Registration District No. 6032

File No. ....  
 Registered No. 106

**2. FULL NAME**

(a) Residence, No. Glencoe, No. 1 St., Ward. ....  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. / mos. da. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Koller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 13-1861</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>2</u>
		DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 1-1932</u>		11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan, Mo.</u>		
13. NAME <u>S. J. Ritchey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co, Mo.</u>		
15. MAIDEN NAME <u>Millie Bledsoe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wright Co, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Steve Ritchey, Glencoe, Mo. #1.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rich Hill, Mo.</u> DATE <u>6-8-1932</u>		
19. UNDERTAKER (ADDRESS) <u>Schrader &amp; Co, Gallatin, Mo.</u>		
20. FILED <u>6/7</u> 19 <u>32</u> <u>L. E. Bameon, D</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 6 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9 1932 to June 6 1932  
 I last saw him alive on June 1 1932 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset 6/1/32  
13/7/32  
10/1/32  
 Other contributory cause of importance: Hypertension  
Chronic glomerulonephritis

Name of operation None Date of operation None  
 What test confirmed diagnosis? Autopsy report no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19...  
 Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify no  
 (Signed) B. B. Haumecker, M. D.  
 (Address) St. Louis, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JUN 27 1932



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Township Meramec  
City (No. ....) St. .... Ward)

Registration District No. 285  
Primary Registration District No. 6032

File No. ....  
Registered No. 106

**2. FULL NAME**

(a) Residence, No. .... St., .... Ward.  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13 - 1861

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>71</u>	<u>2</u>	<u>23</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 8/6 1932 P. G. Barnett Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1932

22. I HEREBY CERTIFY, That I attended deceased from

to, 19

I last saw h. alive on, 19. Death is said

to have occurred on the day stated above, at, m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
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.

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