

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.

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

Do not use this space.

30925

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10023
City St. Louis, Missouri (No. 7310), Michigan St. _____ Ward _____

File No. _____
Registered No. 8641
St. _____ Ward _____

2. FULL NAME Oscar C. Richter

(a) Residence, No. 7310 Michigan St. 1 Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7, 1872</u> | | |
| 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>60</u> <u>6</u> <u>19</u> | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shipping Clerk</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tobacco Company</u> | | |
| 10. Date deceased last worked at this occupation (month and year) <u>Sept. 24, 1932</u> | | |
| 11. Total time (years) spent in this occupation <u>25</u> yrs. | | |

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| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Kate Kurzdorfer Richter</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u> | |
| 13. NAME <u>William Richter</u> | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 15. MAIDEN NAME <u>Caroline Hess</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |

| | |
|---|--|
| 17. INFORMANT <u>Kate Richter</u> (ADDRESS) <u>7310 Michigan</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns (Pres.)</u> DATE <u>Sept. 28, 1932</u> | |
| 19. UNDERTAKER (ADDRESS) <u>Beiderwieden Funeral Home</u> | |
| 20. FILED <u>SEP 27 1932</u> <u>May C. Turner</u> Registrar | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26, 1932
22. I HEREBY CERTIFY, That I attended deceased from June 7, 1929 to Sept 26, 1932
Last saw him alive on July 30, 1932 Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Rupture of aneurism of aorta (non-traumatic)
96
96
Other contributory causes of importance:
Erosion of sternum by aorta

Name of operation.....
What test confirmed diagnosis?.....
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?.....
Where did injury occur?.....
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) T. Schindler, M. D.
(Address) 1004 N. 18th

Dr. T. D. ...

1874 Dec-18th ...

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