

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

Do not use this space.

7879

1. PLACE OF DEATH

96 County St. Louis Registration District No. 785-
 5 Township Dechamme Primary Registration District No. 3037
 7 City Kirkwood (No. 653 Evans Ave)
 1 _____ St. _____ Ward)

2. FULL NAME

Nancy Carol Richter

(a) Residence, No. 653 Evans Ave, St. _____ Ward. _____
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE M 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) 12-24-1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
no 1 29

OCCUPATION 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) Mo

FATHER 13. NAME Frank J Richter

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

MOTHER 15. MAIDEN NAME Ophelia Kessler

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

17. INFORMANT (ADDRESS) Frank J Richter
653 Evans Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lucas DATE 2-25- 1933

19. UNDERTAKER (ADDRESS) Louis N Bopp Kirkwood

20. FILED 2-23 1933 L E Burnett M D
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24th 1932, to Feb 23rd 1933
 I last saw her alive on Feb 23rd, 1933. Death is said to have occurred on the date stated above, at 7:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Soft Lobar pneumonia
12/26
108 / 108
 Other contributory causes of importance: _____

Date of onset
2/23/33

Voluntary lower third jejun 12/26/32

Name of operation Removal 8" jejunum Date of 12/27/32
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) E. B. Waters, M. D.
 (Address) Kirkwood, Mo.

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.

