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

Do not use this space.

47100

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 11

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital No. 1 St. Ward)

B. 13923

2. FULL NAME Louis Richey

(a) Residence, No. 2413 South 13th St., 23 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	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1915

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) Missouri

FATHER

13. NAME Leo Richey

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

MOTHER

15. MAIDEN NAME Nettie Allender

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

17. INFORMANT Hospitl Info. M. H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE St. Matthews DATE Jan. 2, 1937

19. UNDERTAKER C. W. McLaughlin
(ADDRESS) 3301 Lafayette Ave

20. FILED JAN 1 1937 J. W. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/26/36, 19 to 12/30/36, 19

I last saw him alive on 12/30/36, 19 Death is said to have occurred on the date stated above, at 10.25 a.m.

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

	Date of onset
Acute infection arthritis of right hip	
Tuberculosis ulcerous non B.K. non traumatic pure left lung	unknown

Other contributory causes of importance:

114 V2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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) Wm. S. Friedewald, M. D.

(Address) City Hospital No. 1

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.

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