

MAY 7 1937

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

Do not use this space.

14939

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis(No. Mo. Baptist Hospital)791
1008

File No.....

Registered No.....

4435

St. Ward)

2. FULL NAME

Mrs Genevieve Margaret Richard(a) Residence, No. 3801 Potomac St. 16 Ward.

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pierre Richard6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 18th, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>38</u>		<u>11</u>	<u>10</u>	

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

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) St. Louis, Mo.13. NAME Emil Kuhn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.15. MAIDEN NAME Magdalen Bagelsdacher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.17. INFORMANT Pierre Richard
(ADDRESS) 3801 Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE May, 1st, 193719. UNDERTAKER Wacker-Heldrele
(ADDRESS) 2531 S. Broadway

20. FILED

APR 29 1937

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 193722. I HEREBY CERTIFY, That I attended deceased from April 26, 1937 to April 28, 1937I last saw her alive on April 28, 1937. Death is saidto have occurred on the date stated above, at 9:00 A.M.

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

Cerebro-meningitis
(Pneumococcus Type) Date of onset 4-26-37

Other contributory causes of importance:

Otitis Media, Right 4-22-37
Mastoiditis, Right 4-25-37Name of operation Spinal Puncture Date of.....
What test confirmed diagnosis?..... Was there an autopsy? N.D.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) W. D. Castle, M.D., M. D.(Address) Mo. Pac. Hosp.

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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