

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.

SEP 10 1937

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

Do not use this space.

29257

1. PLACE OF DEATH

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City St. Louis, Mo (No. 2922 Texas Avenue St. .... Ward)

File No. ....  
 Registered No. **7890**

2. FULL NAME Ida Richter

(a) Residence, No. 2922 Texas Ave. St. 24 Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. 3 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1877  
 AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 3

OCCUPATION 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. 93  
 10. Date deceased last worked at this occupation (month and year) April 28, 1937 11. Total time (years) spent in this occupation 93

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Frank Sicking

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

MOTHER 15. MAIDEN NAME Ernstina Hoffmann

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

17. INFORMANT Ernest Richters  
 (ADDRESS) 2922 Texas Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter - Roul DATE Aug 22, 1937

19. UNDERTAKER J. H. Gebken Und. Co.  
 (ADDRESS) 2630 Gravois

20. **AUG 23 1937** Briedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1937, to Aug. 22, 1937. I last saw her alive on Aug. 21, 1937. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Auricular Fibrillation Date of onset 8-15-37  
Acute Myocarditis due to Hypertension 8-6-37  
1935

Other contributory causes of importance:  
Malnutrition. Results of heart condition

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) Eugene H. Gelle, M. D.  
 (Address) 3019 So. Jefferson.

Dr Eugene H Ecker

3019 S Jefferson Ave

PA

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