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 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Franklin — Registration District No.: 296 — File No.: 30625
Township: Union — Primary Registration District No.: 5413 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: Catherine Rericher

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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: William G. Rericker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Febraury 19 1894

7. AGE: YEARS 43 — MONTHS 6 — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
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, Missouri.

FATHER
13. NAME: Emil Schmitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri,

MOTHER
15. MAIDEN NAME: Kate Andell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri.

17. INFORMANT (ADDRESS): William G. Rericker, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Removal
PLACE: St. Louis, Mo. DATE: Aug 22, 1937

19. UNDERTAKER (ADDRESS): Wm H. Horn, Union, Missouri.

20. FILED: Sept 1937 — J. Marshall M.D. 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 , 19, to , 19.
I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
In Bourbeuse River	
near Massie Ford	

Other contributory causes of importance:

183

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury , 19
Where did injury occur? Near Massie Ford
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in Bourbeuse River swimming
Manner of injury: Drowning
Nature of injury: Accident

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Phys. P. Shopen Coroner
(Address) Sullivan Mo