

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.

OCT 19 1937

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

Do not use this space.

34020

1. PLACE OF DEATH

Cole  
County  
Township Jefferson  
City Jefferson City (No. Saint Mary's Hospital  
Registration District No. 213  
Primary Registration District No. 3014

File No.  
Registered No. 259  
Ward

2. FULL NAME Joseph Anthony Richarz

(a) Residence, No. Folk, Mo. St. Ward  
(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 Male  
4. COLOR OR RACE White  
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) April 8, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
62 5 19

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

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 John Peter Richarz

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

15. MAIDEN NAME Catherine Franken

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

17. INFORMANT (ADDRESS) Miss Daisy Richarz St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Sept. 30, 1937

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home Jefferson City, Mo.

20. FILED 10/4/1937 W. B. Bradford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26 1937, to Sept 27 1937  
Last saw him alive on Sept 27 1937 Death is said to have occurred on the date stated above, at a. m.  
The principal cause of death and related causes of importance were as follows:

Endarteritis obliterans Date of onset

Other contributory causes of importance:  
hypertension 5 year  
old untreated nephritis 19 yr  
Pneumonia hepatate 3 day  
131

Name of operation None Date of  
What test confirmed diagnosis? Blood 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) Rosalia Taylor M. D.  
(Address) Jefferson City, Mo.

