

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

Do not use this space.

39372

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 622 Bates)

File No.....
Registered No. 11552
St. Ward)

2. FULL NAME

Norman Rickhoff

(a) Residence. No. 622 Bates St., 1 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

John Rickhoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Mrs Piepenbrock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Mrs M. Wake
(Address) 622 Bates St

15.

FILED Nov 25 1929
19 Max E. Hardig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1929, to Nov 25, 1929 that I last saw him alive on Nov 24, 1929, and that death occurred, on the date stated above, at 2:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Paraneuritis
Nephritis (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Carcinoma R Breast
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory

(Signed) D. M. Gibson, M. D.

11/26, 1929 (Address) 4337 Washington St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Peter's Paul DATE OF BURIAL Nov 27 1929

20. UNDERTAKER

Wacker-Helderte ADDRESS 2331 - Kellway

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.

WHILE PRINTING, WITH OUPDING INK—THIS IS A PERMANENT RECORD

