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

Do not use this space.
40279

1. PLACE OF DEATH
County: Osage
Township: Washington
City: Freeburg (No. ..... St. ..... Ward)
Registration District No. 1124
Primary Registration District No. 5891a
File No. 3
Registered No. 3

2. FULL NAME Henry Richter Sr
(a) Residence. No. Freeburg Mo St., ... Ward. .....
(Usual place of abode) (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13 1853

7. AGE: Years 77 | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 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): Rich Fountain Mo

PARENTS
10. NAME OF FATHER: John Richter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Katie Bonne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Gertrude Steinhof
(Address): Freeburg Mo

15. FILED Jan 10 1931 Mrs Dell Beechler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 1930

17.
I HEREBY CERTIFY, That I attended deceased from Nov 1 5, 1930, to Dec 9, 1930 that I last saw h. alive on Dec 9, 1930, and that death occurred, on the date stated above, at 5 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
92 Hr (duration) 2 yrs. 4 mos. 4 ds.
CONTRIBUTORY (SECONDARY): Valv. Heart Disease
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 9
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? Albumen & Colonchery
(Signed) Jos. L. A. Beechler, M.D
Dec 10, 1930 (Address) Freeburg Mo

*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: Bethel Cemetery Freeburg Mo
DATE OF BURIAL: Dec 11 1930
20. UNDERTAKER: Lanzo-Lemler Co
ADDRESS: Freeburg Mo

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.