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.

APR 7 1935

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

Do not use this space.

8715

1. PLACE OF DEATH

County: Franklin — Registration District No. 297 — File No.

Township: — Primary Registration District No. 3016 — Registered No. 38

City: Washington, Mo. (No. , St. Ward)

2. FULL NAME: Gustav W. Richert.

(a) Residence, No. 209 E. Fourth Str. St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. x mos. x ds. How long in U. S., if of foreign birth? x yrs. x mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Chara Richert.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15th, 1882.

7. AGE: Years 53 — Months 2 — Days 4 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x

10. Date deceased last worked at this occupation (month and year) Mar. 18th, 1935.

11. Total time (years) spent in this occupation 17

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

FATHER

13. NAME Micheal Richert,

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

MOTHER

15. MAIDEN NAME Margaret Endrews,

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

17. INFORMANT Mrs. G. W. Richert,
(ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maplewood, Mo DATE Mar. 22, 1935, 19

19. UNDERTAKER Nieburg & Vitt, Inc.,
(ADDRESS) Washington, Mo.

20. FILED Mar. 19, 1935 H. W. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19th, 1935.

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 3:15 A.M.

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

	Date of onset
Acute Indigestion, very probably an angina pectoris.	

Other contributory causes of importance: None

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? x Date of injury x, 19

Where did injury occur? x
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. x

Manner of injury x

Nature of injury x

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Washington Coroner, M. D.

(Address) Labadie Mo.