

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
100816693
Do not use this space.

Registered No. 4554

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... (d) Street No. FAITH HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME. MARY RICHERT 563

- (a) Residence, No. 2619 ST. LOUIS AVE St. 20
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF JOHN VOGELWEID (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 11, 1862		
7. AGE YEARS 76	MONTHS 3	DAYS 6 If LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWORK
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... FRANCE 7
(STATE OR COUNTRY)

13. NAME UNKNOWN 7

14. BIRTHPLACE (CITY OR TOWN)..... FRANCE 7
(STATE OR COUNTRY)

15. MAIDEN NAME UNKNOWN 7

16. BIRTHPLACE (CITY OR TOWN)..... FRANCE
(STATE OR COUNTRY)17. INFORMANT HELEN STRAUSS
(ADDRESS) 6018 LOUISIANA AVE18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM. DATE MAY 19, 193819. FUNERAL DIRECTOR
(ADDRESS) 2228 N. Olive Ave
J. D. Bredeck20. FILED MAY 18 1938 J. D. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17 1938

22. I HEREBY CERTIFY, That I attended deceased from
 March 26, 1938, to May 17, 1938
 I last saw her alive on May 16, 1938 Death is said
 to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 3-26-38
 Date of onset

Other contributory causes of importance:
 Warts, Malaria 10-10-12

Name of operation..... 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) J. W. McDonald, M. D.
 (Address) 539 N. Grand

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart, Licensed Embalmer No. 2777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Charles Goodhart
Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)