

DEC 13 1939

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

39242  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 129  
(b) Township Shawnee Primary Registration District No. 5180 Registered No. 11  
(c) City ..... (d) Street No. ....  
(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

236 Ida Amalia Richter  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) October 19, 1939 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

FATHER 13. NAME Johann Drebing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

MOTHER 15. MAIDEN NAME Anna Weening

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

17. INFORMANT (ADDRESS) Martha Richter  
Shawneetown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Wells No 3 DATE 11-5-39

19. FUNERAL DIRECTOR (ADDRESS) Fred Kalment  
New Wells, Mo.

20. FILED Nov 3-39 F. J. Schoss  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1st, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 18<sup>th</sup>, 1938, to November 1st, 1939

I last saw her alive on October 2<sup>nd</sup>, 1939 Death is said to have occurred on the date stated above, at 3:30 P. m.

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

Cerebral Embolism Date of onset  
Chronic Myocarditis 3 years

Other contributory causes of importance: ASC

Name of operation ..... Date of .....  
What test confirmed diagnosis? P.S. Was there an autopsy? Yes

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 Theodore Fischer, M. D.

(Signed) Alterburg, Mo. (Address)

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

**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.)**