

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

Do not use this space.

28658

1. PLACE OF DEATH

Comly.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **3869^a**)

Sullivan

File No.

Registered No. **8193**

St.

Ward)

2. FULL NAME

Edward M. Richmond

(a) Residence. No.

(Usual place of abode)

St.

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?

ys.

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 (OR) WIFE OF

Frances Richmond

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

Unknown 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

abt 54

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Arthur J. Donnelly

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

10. NAME OF FATHER

Frank Richmond

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Louisiana

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

La

14.

INFORMANT

(Address)

Mrs. Frances Richmond

3869^a Sullivan

15.

FILED

SEP 15 1927

19:

Mar. C. Stanley

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

April 2

17.

I HEREBY CERTIFY That I attended deceased from

that I last saw him alive on **April 4** 19**27** and that death occurred, on the date stated above, at **4:20 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebrovascular Chronic
Myocardial Infarction
Arteriosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **R. Stams**

M. D.

19**27** (Address) **Mar. C. Stanley**

*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

DATE OF BURIAL

Cemetery

9-17 1927

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly

2039 Wash. St.

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.

EMPLOYMENT RECORD

Mr N. C. ...
University Club Bldg

9-10

Jeff 7675

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