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

Do not use this space.

[illegible]

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. 3142 Osceola Street. St. ..... Ward)

File No. 15148

Registered No. 4072

2. FULL NAME Jerome A. Richardson.

(a) Residence. No. 3142 Osceola Street St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2. 1922.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5	9	10	

8. OCCUPATION OF DECEASED

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

(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) St. Louis, Mo.,

PARENTS

10. NAME OF FATHER Joseph A. Richardson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Henderson, Ky.

12. MAIDEN NAME OF MOTHER Kathryn Fuehne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Damiensville, Ills.

14. INFORMANT J. A. Richardson (Address) 3142 Osceola Street.

15. FILED ..... 19.. Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 12, 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1928, to Apr. 12, 1928 that I last saw him alive on Apr. 12, 1928, and that death occurred, on the date stated above, at 6.50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria 10

10

(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Pneumonia, Secondary

Colon (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) A. H. Cleveland, M. D

Apr. 13, 1928 (Address) 3326 Meramec St

*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 Damiensville, Ills

DATE OF BURIAL Apr. 14 1928

20. UNDERTAKER J. H. Gebhardt L. and H. Co

ADDRESS 2342 Meramec

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.