

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

Do not use this space.

14962

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 4441.....  
St. .... Ward)

**2. FULL NAME**

Earlyn Richardson  
(a) Residence. No. 1011 Elliott St., 21 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 Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 5-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 1 21

**8. OCCUPATION OF DECEASED**

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

10. NAME OF FATHER Joe Mc Combs

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Georgia

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Georgia

14. INFORMANT Fannie Richardson (Address) 1011 Elliott

15. FILED Mar 21 1930 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1930

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to April 26, 1930, that I last saw him alive on April 24, 1930, and that death occurred, on the date stated above, at 5 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of cervix of uterus  
48 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Vincent J. Muehle M.D.  
V-J, 1930 (Address) 2535 Franklin

\*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

Greenwood 5-4 1930

20. UNDERTAKER ADDRESS Perment - son 2700 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

