

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 102  
City St. Louis (No. St. Luke's Hospital Care) St. ..... Ward) Registered No. 42134  
11260

2. FULL NAME

Annette King Richardson  
(a) Residence, No. 5200 Nottingham St., 14 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1863

7. AGE 69 YEARS 2 MONTHS 13 DAYS If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12 1/2

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

13. NAME Edward P. King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Missouri

15. MAIDEN NAME Jane Fiskley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

17. INFORMANT (ADDRESS) Walter King 5236 Devonshire Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE Dec 20, 1932

19. UNDERTAKER (ADDRESS) Wagoner and Co 1362 Olive St.

20. FILED DEC 19 1932 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932, to Dec. 17, 1932  
I last saw him alive on Dec. 17, 1932. Death is said to have occurred on the date stated above, at 4:15 PM.  
The principal cause of death and related causes of importance were as follows:  
Embolism - Pulmonary Date of onset 12-17-32

Other contributory causes of importance: Cholelithiasis, Cholecystitis, Appendicitis - chronic 2 yrs 20"

Name of operation Appendectomy - cholecystectomy Date of 12-6-32  
What test confirmed diagnosis? Microscopic studies 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 ..... 1932  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. (1)

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Emar. Op. Perm  
(Signed) 1017 Bermonoy Pkwy, M. D.  
(Address) St. Louis, Mo.

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

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.

