

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.

AN 26 1934

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

Do not use this space.

42153

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **7132**, **Lindenwood Pl.** St. Ward)

File No.....
Registered No. **11225**
St. Ward)

2. FULL NAME

Charles Richardson Jr.

(a) Residence, No. **7132 Lindenwood** St., **14** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 25 - 1931**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 2 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil** 18
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **107**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

MOTHER FATHER 13. NAME **Chas Richardson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chicago Ill**

15. MAIDEN NAME **Alva Dase**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

17. INFORMANT **Alva Richardson** (ADDRESS) **7132 Lindenwood Pl.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Linton Cem** DATE **Dec 30 - 1933**

19. UNDERTAKER **Carlstetter and Co.** (ADDRESS) **4224 Manchester Ave.**

20. FILED **DEC 29 1933** **J. A. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 28 - 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 21**, 19**33**, to **Dec 28**, 19**33**

I last saw him alive on **Dec 28**, 19**33**. Death is said to have occurred on the date stated above, at **5:30** p. m.

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

Bronchial Pneumonia
Dr. Harold H. Schmitt
Dep. Comm. 12/29/33

Other contributory causes of importance:
1st + 2nd degree burns on body, legs, and face.

Name of operation..... Date of.....
What test confirmed diagnosis? **Ex.** Was there an autopsy? **no**

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **12/21, 1933**
Where did injury occur? **St. Louis Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury **Fallen from platform on floor.**
Nature of injury **1st + 2nd degree burns.**

24. Was disease or injury in any way related to occupation of deceased? **—**
If so, specify.....
(Signed) **A. F. Plag**, M. D.
(Address) **Carleton Bldg. St. Louis, Mo**

