

APR 9 1935

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

Do not use this space.

11007

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. (No. Mo. Baptist Hosp.)..... St. Ward)

File No.

Registered No. 2636

2. FULL NAME

Lizzie Richardson
(a) Residence, No. 8820 Harrison av. St. M.R. Ward. Brentwood Mo.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo W. Richardson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31 - 1888</u>		
7. AGE	YEARS	MONTHS
	<u>46</u>	<u>7</u>
		DAYS
		<u>18</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summerfield Mo.</u>		
FATHER	13. NAME <u>Orsa Thomas</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Co.</u>	
MOTHER	15. MAIDEN NAME <u>Lena Ziegler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Geo W. Richardson</u> (ADDRESS) <u>8820 Harrison av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St James Mo.</u> DATE <u>Mar 21 - 1935</u>		
19. UNDERTAKER <u>Edith E. Embert</u> (ADDRESS) <u>6207 20th St. St. Louis Mo.</u> MAY 20 1935		
20. FILED 19 <u>J. F. Beebe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 19</u> 19 <u>35</u>	Date of onset <u>1934</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>March 14</u> 19 <u>35</u> , to <u>March 19</u> 19 <u>35</u> I last saw h. or alive on <u>March 19</u> 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>11 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Tumor of mediastinum</u> <u>(Type unknown)</u> <u>Unknown as to malignancy</u>	
Other contributory causes of importance: <u>55e</u>	
Name of operation <u>None</u> Date of	
What test confirmed diagnosis? <u>X-ray</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify: (Signed) <u>Samuel B. Grant</u> , M. D. (Address) <u>3720 Washington Blvd</u>	

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.

