

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

Do not use this space.

MAY 13 1935

14904

1003

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City Saint Louis (No. 4405 Enright Avenue) St. .... (Ward)

File No.....  
 Registered No. 3776

**2. FULL NAME** Alice A. Richardson

(a) Residence, No. 4405 Enright Avenue, St. 11 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~  
HUSBAND  
 (OR) WIFE OF George W. Richardson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1st, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 8 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Board of Education

10. Date deceased last worked at this occupation (month and year) March, 1935 11. Total time (years) spent in this occupation unk.

12. BIRTHPLACE (CITY OR TOWN) Saint Louis  
 (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Ben Richards

14. BIRTHPLACE (CITY OR TOWN) Pittsburg  
 (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Elizabeth Woodside

16. BIRTHPLACE (CITY OR TOWN) Unavailable  
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs Bessie Cloud  
 (ADDRESS) 4405 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Date April 29, 1935

19. UNDERTAKER Charles J. Bate  
 (ADDRESS) 4107 Finney Avenue

20. FILED 5 1935  
J. Bredbeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21st, 1935

I HEREBY CERTIFY, That I attended deceased from April 6, 1935, to April 21, 1935

I last saw her alive on April 21, 1935 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Non-Epidemic  
Encephalitis-Infinitiva  
(Source undetermined)

Date of onset

about  
April 6, 1935

Other contributory causes of importance: 78

None found

Name of operation none Date of.....

What test confirmed diagnosis? Chylol Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) J. W. Wray, M. D.

(Address) 4320 Easton Avenue

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.

