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.

JAN 13 1936

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 1003 File No. 41643

Township ..... Primary Registration District No. ..... Registered No. 10887

City St. Louis (No. 2700 N. Jefferson Ave. St. ..... Ward)

2. FULL NAME Thomas Charles Richards

(a) Residence, No. 2700 N Jefferson Ave. St., 20 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1880

7. AGE: Years 55 Months 7 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Leicester England

FATHER

13. NAME Charles Thomas Richards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester England

MOTHER

15. MAIDEN NAME Emily Tudball

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England

17. INFORMANT (ADDRESS) Mrs. C. E. Rostron 6186 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem DATE Dec. 24 1935

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive St.

20. FILED DEC 23 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935, to Dec 22, 1935

I last saw him alive on December 21, 1935. Death is said to have occurred on the date stated above, at 3 A. m.

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

Cirrhosis of the Liver — Date of onset: Undetermined

12461

Other contributory causes of importance:
Arteriosclerotic heart disease
arteriosclerosis.

Name of operation — Date of —

What test confirmed diagnosis? — 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 ....., 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? no

If so, specify —

(Signed) Frank J. V. Krebs, M. D.

(Address) 3500 N Grand

F. J. V. Dress
8-9-3-6
3500 N. Grand