SEP 15 1936

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 32920
Registered No. 8802

1. PLACE OF DEATH
County
Township
City St. Louis, Missouri (No. City Hospital No. 1 St. Ward)

2. FULL NAME B. 7908 Andrew Richmond
(a) Residence, No. 5949 Horton Place St., 5 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1876.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day
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) Scotland

FATHER
13. NAME Hugh Richmond
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Hosp. Info. M. H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Aug. 25/36.

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 1125 Hodiamont Ave.

20. FILED AUG 25 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/23/36, 19..., to 8/23/36, 19...
I last saw him alive on 8/23/36, 19... Death is said to have occurred on the date stated above, at 8.10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Undetermined	

Other contributory causes of importance:
Arteriosclerosis, Senile

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?
If so, specify
(Signed) Roy Greenbaum, M. D.
(Address) City Hospital No. 1

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.