

JAN 26 1937

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

Do not use this space.

47239

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Jefferson Primary Registration District No. 6248-II.
City Richmond Heights, Mo (No. 7317 Richmond Place St. _____ Ward)

File No. _____
Registered No. 299

2. FULL NAME Richard H. Richards.

(a) Residence, No. 7317 Richmond Place St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>SUSANA POWELL</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 - 1867</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>2</u>	<u>19</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>AMERICAN TIN PLATE CO. TIN PLATE WORKER</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Llanelli
(STATE OR COUNTRY) Wales, England

FATHER 13. NAME Daniel Richards

FATHER 14. BIRTHPLACE (CITY OR TOWN) Wales
(STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Elizabeth (Unknown)

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Wales
(STATE OR COUNTRY) England

17. INFORMANT Margaret E. Richards
(ADDRESS) 7317 Richmond Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Elwood - Indiana Dec 27 1936

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

20. FILED Dec. 24 1936 Sam A. Bassett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1936 to December 24, 1936

I last saw him alive on 12-24 1936 Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Coronary thrombosis 12-24-36
general arteriosclerosis
hypertension W
Other contributory causes of importance: diabetes mellitus yrs.

Name of operation _____ Date of _____
What test confirmed diagnosis? lab. 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 was 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) Elmer Reulinger, M. D.
(Address) Missouri Bldg.

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.

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• Dr. Edmer Richman •

Jewish Hospital

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A.M. 12/25/36

