MAR 5 - 1937

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. 8530
Registered No. 1985

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. Lutheran Hospital St. Ward)

2. FULL NAME George Richardson

(a) Residence, No. 3946 Humphrey St., St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	42	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Service Car
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) Chicago Ill.

FATHER

13. NAME George Richardson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Maria Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Charles T. Richarson
(ADDRESS) 7033 Bancroft

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, Mo. DATE 2/16/37, 19

19. UNDERTAKER Edith E. Cunningham
(ADDRESS) 4234 Manchester

20. FILED FEB 16 1937, 19 J. F. Briedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1937, to Feb. 14, 1937
I last saw him alive on Feb 14, 1937. Death is said to have occurred on the date stated above, at 3:40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis - following ruptured duodenal ulcer	

Other contributory causes of importance:

Name of operation Closure of perforation Date of Jan. 30, 1937
What test confirmed diagnosis Exam. Was there an autopsy? Partial

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) A. F. Clay, M. D.
(Address) 3150 Morganford Rd.

510

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.

Ser Plag 3150 Morgan Ford
10-11 at home

12.30-2
3-5 at office