

APR 9 1937

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. **1791**

Township.....

Primary Registration District No. **1003**City **St. Louis**(No. **4310 Arco Ave.**)File No. **10335**Registered No. **2906**

St. Ward)

2. FULL NAME **Alvin W. Richardson**(a) Residence, No. **4310 Arco Ave.** St. **18** 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 (<i>writes the word</i>) -----
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF
-----6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 11 1937**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
-----	-----	2	3	-----

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. -----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) **St. Louis Mo.**
(STATE OR COUNTRY)13. NAME **Harry L. Richardson**14. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.**
(STATE OR COUNTRY)15. MAIDEN NAME **Mildred White**16. BIRTHPLACE (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)17. INFORMANT **Harry L. Richardson**
(ADDRESS) **4310 Arco Ave.**18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Matthews Cem.** DATE **3-16-37** 1919. UNDERTAKER **Kriegshauser Mortuaries**
(ADDRESS) **4104 Manchester Ave.**20. **FILED** 15 1937 19 **J. S. Bredeck**
REG Registrar.No ~~Physician's~~ MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 14- 37** 1922. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **7 A.M.**

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

Primary
Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

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) **Joseph M. Zeeval** M.D.(Address) **Deputy Coroner**

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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