

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.

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

Conass ST. Louis

Registration District No. 791

14328

Township

Primary Registration District No. 1003

File No.

Registered No. 3824

City ST. Louis

(No. 4428 W. Bell)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Josephine W. Richardson

(a) Residence, No. 4428 W. Bell

(Usual place of abode)

St. 11

Ward 11

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colord. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th 1937

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

22. I HEREBY CERTIFY, that I attended deceased from April 2nd 1937 to April 6th 1937. I last saw her alive on April 5th 1937. Death is said to have occurred on the date stated above, at 430 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) state date not known

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 70

Robert Emmerson Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same wife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

Other contributory causes of importance:  
Failure Compensation of heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summersville Tenn.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? plumet Was there an autopsy? no

13. NAME Cassey.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Harriett.

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Miss Wynnell (ADDRESS) 4428 W. Bell.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE April 10th 1937

19. UNDERTAKER (ADDRESS) C. Young xx 20th Kentucky ave

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_ (Signed) W. J. Stehert, M. D.

20. FILED 19 J. P. Brodeck Registrar.

(Address) 711 N. Harrison

APR 10 1937

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