

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

CERTIFICATE OF DEATH

8643
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
 (a) County Registration District No. **1003**
 (b) Township Primary Registration District No. Registered No. **2232**
 (c) City **St. Louis** (d) Street No. **2601** **N. Whittier** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **9** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Della Parker Richardson 962**
 (a) Residence, No. **3108 Clark** St. **18**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 19, 1978**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 2 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Mississippi** /

FATHER 13. NAME **Tom Hankins** 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown** /

MOTHER 15. MAIDEN NAME **Julia Roberson**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **West Virginia** /

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **Mar 13, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **F. A. Gentry**
2915 Franklin Ave

20. **MAR 5 1938** **J. Bredbeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 4, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 29, 1938**, to **March 4, 1938**

I last saw him/her alive on **March 4, 1938**. Death is said to have occurred on the date stated above, at **2:22 am**.

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

Far advanced carcinoma of cervix uteri 2
 Date of onset **1/29/38**

Other contributory causes of importance:
Chronic nephritis
Post operative cholecystectomy
No other

Name of operation Date of **2-18-38**

What test confirmed diagnosis? **clinical** 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) **J. Bredbeck**, M. D.
 (Address) **2601 N Whittier**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

