REC'D JUL 12 1938

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

Do not use this space.

791

1003

20459

File No. 5598

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Lutheran Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Catherine Richardson 263

(a) Residence, No. St., NR Ward. Herculaneum, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, ~~1918~~ 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	19 m	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) June 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ~~Unknown~~ (STATE OR COUNTRY) Herculaneum Mo

FATHER

13. NAME Elmer Gordon

14. BIRTHPLACE (CITY OR TOWN) ~~Unknown~~ (STATE OR COUNTRY) Brandsville Mo

MOTHER

15. MAIDEN NAME Mary ~~Unknown~~ Hamall

16. BIRTHPLACE (CITY OR TOWN) ~~Unknown~~ (STATE OR COUNTRY) Murphysboro Ill

17. INFORMANT Willie Richardson (ADDRESS) Herculaneum, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herculaneum, Mo. DATE June 23, 1938

19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 429 North Euclid Ave.

20. FILED JUN 21 1938 19 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1938, to June 20, 1938

I last saw her alive on June 20, 1938. Death is said to have occurred on the date stated above, at 11:45 P.m.

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

Parturition - full term
Toxemia pre eclampsia
Puerperal infection
Placenta arcuata

Date of onset 6/14/38

Other contributory causes of importance:

Had been in labor at her home for 92 hrs before entering Hosp. all symptoms present.

Name of operation Delivery - Renal Placenta

What test confirmed diagnosis? Cause fading 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) [illegible], M. D.

(Address) 585 [illegible] Club Bldg

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.

Em blank signed