

NOV 15 1938

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

34311
Do not use this space.

1. PLACE OF DEATH

(a) County | Registration District No. 791
 (b) Township | Primary Registration District No. 1003 Registered No. 9297
 (c) City St. Louis (d) Street No. Mo. Pacific Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 209 East Sixth Street St. NR
 (Usual place of abode, if no street address, write county or city) Pueblo, Colo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Brakeman
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

FATHER 13. NAME Samuel Richards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER 15. MAIDEN NAME Mary Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

17. INFORMANT Mrs. Susanna Richards
 (ADDRESS) 209 E. 6th, St. Pueblo, Colo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pueblo, Colo DATE Oct. 26, 1938

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly
 (ADDRESS) 3840 Lindell Blvd.

20. FILED OCT 26 1938 J. H. Bredbeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 25 19 38

22. I HEREBY CERTIFY, That I attended deceased from 10 - 16 19 38, to 10 - 25 19 38

I last saw him alive on 10 - 25 19 38. Death is said to have occurred on the date stated above, at 8:40 P. m.

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

Chronic Intestinal Obstruction Date of onset
Diverticulitis
Pelvic Abscess developed from diverticulitis causing chr. intestinal obstruction

Other contributory causes of importance:
Re. Hemiplegia, caused by cerebral hemorrhage

Name of operation Colostomy Date of 10-25-38

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No. 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) Harry F. Deale M. D.
 (Address) Mo. Pac. Hosp.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Alfred J. Poedecker

Licensed Embalmer No.

2663

P. O. Address

4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.