S. No. 2
-11-10-39
5-17-39
-I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23176
Registrar's No. 5621

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 552 Baden Ave 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 8
(If outside city or town limits write "RURAL")
(d) Street No. 552 Baden Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lee Richards 263

3. (b) If veteran, name war None

3. (c) Social Security No. 496-18-2698

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Richards neeConn

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February 8, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	4	21	hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Galvanizer

11. Industry or business St. Louis Screw Co. 1

FATHER
12. Name Frank Richards 0
13. Birthplace Green Bay (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Mary Phillips
15. Birthplace Brookline (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Bertha Richards
(b) Address 552 Baden Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 1 1940 (Date received local registrar) (b) J. F. Ondrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1940 hour 12:30 PM minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hemorrhage

Due to Chronic Fibrous

Other conditions Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93C
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 5

23. Signature Joseph M Gunn (M.D. or other)
Address Deputy Coroner Date signed 7/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 William G Buchholz

Licensed Embalmer No. 2110

P. O. Address St Louis Mo

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.