S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23507

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5952

**1. PLACE OF DEATH:**

(a) County
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ISOLATION HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 13 years.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 Chouteau Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sadie Richardson 263

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 18 (Day) 1903 (Year)

8. AGE: Years 37 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Monroe (City, town, or county) LA. (State or foreign country)
10. Usual occupation Maid
11. Industry or business
FATHER 12. Name John Page
13. Birthplace near Monroe (City, town, or county) LA. (State or foreign country)
MOTHER 14. Maiden name Miranda Williams
15. Birthplace near Monroe (City, town, or county) LA. (State or foreign country)
16. (a) Informant B. Buttenuth.
(b) Address 5600 Arsenal St.
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation CITY CREMATORY
18. (a) Signature of funeral director J. Ryan
(b) Address Isolation Hospital
19. (a) JUL 16 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 7 year 1940 hour 6 minute 50 P.M.
21. I hereby certify that I attended the deceased from May 15, 1940, to July 7, 1940; that I last saw her alive on July 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy none

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

23. Signature R. W. Maxwell (M. D. or other)
Address Isolation Hospital Date signed 7/16/40

(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 .....

Licensed Embalmer No. .....

P. O. Address .....

**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.**