

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

36443

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1934

1. PLACE OF DEATH:

(a) County Saint Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6162 Minerva Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
(Specify whether  
In this community Unavailable  
years, months or days)

3. (a) PRINT FULL NAME Hattie Richardson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Richardson 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 30, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 3 11 hr. min.

9. Birthplace Utah Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jim Logan  
13. Birthplace Unavailable Alabama  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Amanda Griffin  
15. Birthplace Unavailable Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Richardson  
(b) Address 6162 Minerva Avenue

17. (a) Burial (b) Date thereof 10/16/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wm. G. Bates

(b) Address 4107 Finney Avenue

19. (a) OCT 14 1940 (b) R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Wellston  
(If outside city or town limits write "RURAL")  
(d) Street No. 6162 Minerva  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11,  
year 1940 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 10/10, 1940 to October 11, 1940  
that I last saw her alive on October 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus. 29 yrs.

Due to \_\_\_\_\_

Due to 59

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations JJ  
Of autopsy 1/0

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. J. Hulse (M. D. or other) 10/12/1940  
Address 8224 No. Jefferson Date signed

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

6

NOV 21 1940

**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.....

*A. T. Shroff*

working under my personal supervision.

Registered Apprentice No. *265*

Signed *Amelia A. Shroff*

Licensed Embalmer No. *3522*

P. O. Address *4107 Finney Avenue*

**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.**