

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

5074

BUREAU OF THE CENSUS  
MAY 25 1941 791

STANDARD CERTIFICATE OF DEATH

State File No.

1003

Registrar's No.

1322

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution:  
1643 Semple Ave.  
(d) Length of stay: In hospital or institution.  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(d) Street No. 1643 Semple Ave.  
(e) If foreign born, how long in U.S.A. years.

3. (a) PRINT FULL NAME George A. Richards

3. (b) If veteran, name war  
3. (c) Social Security No. 034078682

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

6. (b) Name of husband or wife Lillie Richards 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 6th 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 7 2 hr. min.

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

10. Usual occupation Sprinkler Fitter

11. Industry or business Hockwood Sprinkler Co.

12. Name P. Richards

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Richards  
(b) Address 1643 Semple Ave.

17. (a) Burial (b) Date thereof 2-10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.

19. (a) FEB 10 1941 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th  
year 1941 hour 11 minute 20 P. 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  
Coronary Sclerosis

Due to.....  
Due to.....  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Coronary Occlusion  
Of autopsy Coronary Sclerosis

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?  
(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 Thomas J. Callanan (M.D. or other)  
Address Deputy coroner Date signed 2/10/41

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

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3617 M Howard 12-1

Rev. 7/38 Maryland Pa 7/89

~~Leg. Title~~  
Office No. 6633

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

*Warren A. Carver*

Licensed Embalmer No.

*3534*

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, fact should be so stated above.