S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12086

Registration District No. 184 — Primary Registration District No. 200 — Registrar's No. 578

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Kinloch (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jefferson & 5th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kinloch (If outside city or town limits, write "RURAL")

(d) Street No. Jefferson & 5th (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Marie Richardson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Col.

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

6. (b) Name of husband or wife William Richardson

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan (Month) 3 (Day) 1882 (Year)

8. AGE: Years 60 Months 2 Days 8 ~~10~~ If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Scott Misack
13. Birthplace unknown (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Florence unknown
15. Birthplace unknown (City, town, or county) Miss (State or foreign country)

16. (a) Informant William Richardson

(b) Address Kinloch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/14/42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney St. Louis

19. (a) MAR 14 1942 (Date received local registrar) (b) E. J. McGovran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from July - 20 1941 to March 11 1942 that I last saw her alive on March 11 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1 year
Due to Rheumatism	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Jas. A. Rainey (M. D. or other) M.D.

Address S. Kinloch Date signed 3/15/42

(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. 2842

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.