

FILED JUN 22 1942

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
Enroute to City Hospital #1.3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **000**
 (c) City or town... **St. Louis** **21 15**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3536 Page Avenue**,
(If rural, give location)
 (e) **No** foreign country? **0** (Yes or No)
No Attending Physician
 If yes, name country.....

3. (a) PRINT FULL NAME **Frank Richardson**

3. (b) If veteran, name war... **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
 year **1942** hour **8** minute **45** **A.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.....

4. Sex **Male** **0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife... **Unknown**

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

7. Birth date of deceased... **Unknown**
(Month) (Day) (Year)

Due to **Chronic Myocarditis**

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.

8. AGE:

Years	Months	Days	If less than one day
73?	?	?	hr. min.

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

10. Usual occupation **Retired Chauffeur**

11. Industry or business.....

MOTHER FATHER {

12. Name **Unknown Richardson**

13. Birthplace **Unknown** **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name... **Unknown**

15. Birthplace **Unknown** **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Rogers**

(b) Address **3552 Easton Avenue.**

17. (a) **Burial** (b) Date thereof **6/12/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe Inc**

(b) Address **4700 Washington Blvd.**

19. **JUN 12 1942** (a) **J. F. Medved** (b) **J. F. Medved**
(Date received local registrar) (Registrar's signature)

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?.....

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

23. Signature **Thomas F Callanan** (M. D. or other)
 Address **Deputy Coroner** Date signed **6/12/42**

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

Henry C. Anderson

Licensed Embalmer No.

4141

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, fact should be so stated above.