

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED MAY 15 1943

Registration District No. 217

Primary Registration District No. 3069

Registrar's No. 1071

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

1. PLACE OF DEATH:

(a) County... St. Louis

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

(c) Name of hospital or institution:  
St. Mary's 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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Illinois (b) County... Madison

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

(d) Street No... 459 Bluff St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country... \_\_\_\_\_

3. (a) PRINT FULL NAME... William S. Richards

3. (b) If veteran, name war... \_\_\_\_\_

3. (c) Social Security No... unknown

4. Sex... M

5. Color or race... W

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

6. (b) Name of husband or wife... Mary Richards Lucy C.

6. (c) Age of husband or wife if alive... 63 years

7. Birth date of deceased... September 6 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1943 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from 4/22/43 to 5/5/43 19... and that death occurred on the date and hour stated above.

that I last saw him alive on 5/5/43 19... and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>7</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death  
metastatic carcinoma

Due to Carcinoma of tongue & extension into neck glands

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

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

10. Usual occupation... Office Man

11. Industry or business... Illinois Glass Co.

12. (a) Name... Thomas Richards

12. (b) Birthplace... unknown  
(City, town, or county) (State or foreign country)

13. (a) Maiden name... unknown

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

Major findings: as above - resection & radium used

Of operations... \_\_\_\_\_

Of autopsy... \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant... Stanley Richards

(b) Address... Alton, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof... 5/6/43  
(Month) (Day) (Year)

(c) Place: burial or cremation... Alton, Illinois

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

(b) Address... 4700 Washington Blvd.

19. (a) MAY 7 1943 (Date received local registrar)

(b) C. S. McCarry MD (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 C. Partridge (M. D. or other) MD

Address... Haleo Maryland Date signed... 5/6/43

JUN 29 1943

**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 W. W. Wilkinson  
Licensed Embalmer No. 3575  
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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of ? }  
County of ? } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 13<sup>TH</sup> day of JULY, 1943, before me appears \_\_\_\_\_

LUCY S. RICHARDS, who, upon HER oath, states that the original record of <sup>birth</sup> death  
for WILLIAM S. RICHARDS died MAY 5<sup>TH</sup>, 1943, in the State of  
Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 6 A should read MARRIED

Instead of WIDOWED

Item No. 6 B should read LUCY S. RICHARDS

Instead of MARY RICHARDS

Item No. 6 C should read AGE 63

Instead of (NOW BLANK)

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lucy C. Richards WIFE  
Relationship.

459 BLUFF ST, ALTON, ILLINOIS  
Present Address.

Subscribed and sworn to before me this 13<sup>th</sup> day of July, 1943

My Commission expires 3/5/46 Elizabeth Hofmeier Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1947

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