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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 5 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19963

Registrar's No. 5786

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOHNS HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WEEKS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State KENTUCKY (b) County JEFFERSON
(c) City or town LOUISVILLE 13
(If outside city or town limits, write "RURAL") N.R.
(d) Street No. 1844 DOUGLAS BLVD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME BENJAMIN MEYER RICHARD

3. (b) If veteran, name war NONE

3. (c) Social Security No. UnKnown

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CECELIA TAUB RICHARD

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased JUNE (Month) 24 (Day) 1903 (Year)

8. AGE: Years 40 Months 0. Days 0. If less than one day hr. min.

9. Birthplace SELMA (City, town, or county) ALA. (State or foreign country) 1

10. Usual occupation BUSINESSMAN

11. Industry or business LAUNDRY & LINEN SUPPLY

FATHER
12. Name RUDOLPH RICHARD
13. Birthplace LAFAYETTE (City, town, or county) ALABAMA (State or foreign country) 1

MOTHER
14. Maiden name ELISE MEYER
15. Birthplace MOBILE (City, town, or county) ALA. (State or foreign country) 1

16. (a) Informant CECELIA T. RICHARD
(b) Address 1844 DOUGLAS BLVD. LOUISVILLE KY

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation LOUISVILLE, KY.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address #7233 Delmar Blvd.

19. (a) JUN 24 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1943 hour minute 12 P.M.

21. I hereby certify that I attended the deceased from April 23, 1943 to June 24, 1943 that I last saw him alive on June 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralysis Agitans	
Due to: C	
Due to: 87	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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 D. M. Clement (M.D. or other) M.D.
Address 4952 Maryland Date signed 9/24/43
St Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. M. Klemme
4952 Maryland
20-06/73
11-1 P.M.

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 Clarence H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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.