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S. No. 2
FORM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19964

ED JUL 3 1943 318

State File No. _____
Registrar's No. 5857

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 26 days
(Specify whether years, months or days)

In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 6139 Vermont
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Owen Richards.

3. (b) If veteran, name war none

3. (c) Social Security No 449-01-819

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Emma Richards

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased June 5 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	21	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Richards

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Huth

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

16. (a) Informant Mrs. Bernice Howard

(b) Address 6139 Vermont

17. (a) burial (b) Date thereof 6-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) JUN 27 1943 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1943 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from March 27th, 1943 to June 26th, 1943; that I last saw him alive on June 26th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung (Broncho Genic)

Due to _____

Due to _____

Other conditions HI
(Include pregnancy within 3 months of death)

Major findings: Fixed median trachea

Of operations Carcinoma of Lung

Of autopsy _____

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? _____
(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)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1515 Lafayette Date signed 6/26/43

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

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..... *Virgil L. Berryman*.....
Licensed Embalmer No..... *4018*.....
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.