

Registration District No. **1318**

Primary Registration District No. **1003**

Registrar's No. **7860**

1. PLACE OF DEATH:

(a) County St. Louis MO

(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. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 3/4 weeks
(Specify whether years, months or days)

In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County 17

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

(d) Street No. 913 N. 22nd
(If rural, give location)

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

3. (a) PRINT FULL NAME IRENE RICHARDSON

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernie Richardson 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Apr 15 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 15 If less than one day hr. — min. —

9. Birthplace Mt. Airy, N.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

12. Name John White

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

14. Maiden name Ann White

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

16. (a) Informant Ernie Richardson

(b) Address 906 N. 22nd St.

17. (a) Burial (b) Date thereof 9-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director G. L. Olson

(b) Address 2921 Franklin

19. (a) SEP 1 1943 (b) J. F. Breidest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1943 hour 2:20 minute A.M.

21. I hereby certify that I attended the deceased from Aug. 12 1943 to Aug 31 1943 that I last saw her alive on Aug 31 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Haemia

Due to Glomerular Nephritis, Chronic

Due to —

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

Major findings: Of operations —

Of autopsy —

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 Paul M. Martin (D. or other) —
Address 4069 E. Easton Date signed 9/1/43

Duration 1 day

PHYSICIAN —

Underline the cause to which death should be charged statistically.

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: *Paul R. Shuman*

Licensed Embalmer No. *3522*

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.