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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9389**

FILED MAR 27 1944

**818**

Registration District No. **1003**

Registrar's No. **2740**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
Forest Park - 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 Mo. (b) County \_\_\_\_\_

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

(d) Street No. 6251 Clayton Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Hedley John Richards

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Cora Lay Nester 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. 1, 1865  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20  
year 1944 hour Abt. 4 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1938 to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on 3/11/44 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to Attacks of epilepsy

Other conditions 03  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years 78 Months 5 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hythe, England  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Elctro plater

11. Industry or business \_\_\_\_\_

12. Name James Richards,

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

14. Maiden name Mary Ann Steele  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Cora Nester Richards  
(b) Address 6251 Clayton Ave.

17. (a) Burial (b) Date thereof 3/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 21 1944 (b) J. F. Bulech  
(Date received local registrar) (Registrar's signature)

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 J. F. Bulech (M. D. of Public Health)  
Address 1001 McCausland Ave. Date signed 3/20/44

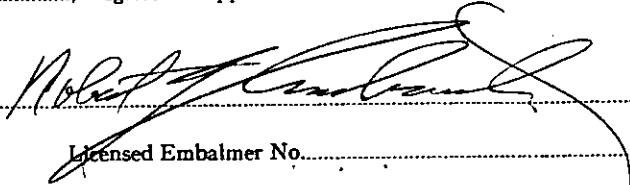
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 .....  
Licensed Embalmer No.....  
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.**