

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19151  
Registrar's No. 1093

Registration District No. 3069

Primary Registration District No. 3069

FILED MAY 30 1944

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital 6420 Clayton Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 da. (Specify whether years, months or days)

In this community 16 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry 7

(c) City or town Silver Lake - Rural.  
(If outside city or town limits, write "RURAL")

(d) Street No. SILVER LAKE MISSOURI  
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward Richardet

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

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

7. Birth date of deceased March 15 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May day 12 year 1944 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 26 1944, to May 12 1944; that I last saw him alive on May 11 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 da.

8. AGE: Years Months Days If less than one day

0 1 mo. 27 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 1978

9. Birthplace Silver Lake Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

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

MOTHER FATHER { 12. Name Clarence Richardet

{ 13. Birthplace SILVER LAKE Mo.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lorraine Unknown

{ 15. Birthplace PERRY COUNTY Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Father

(b) Address Silver Lake, Mo.

17. (a) BURIAL (b) Date thereof 5/13/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PERRYVILLE MISSOURI

18. (a) Signature of funeral director J. H. McLaughlin

(b) Address 2701 Lafayette

19. (a) MAY 15 1944 (b) W. D. Mc Gowan, M.D.  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Of autopsy Pneumonia - Bronchial vessels of heart.

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 John S. Sennott (M. D. or other) MD.  
Address 6420 Clayton Rd. Sp. Date signed 5-12-44  
St. Louis, Mo.

**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 L. B. Cooper  
Licensed Embalmer No. 3633  
P. O. Address 2317 Lafayette

**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.**