

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

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:
4521 Pershing Avenue
(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)

3. (a) PRINT FULL NAME CHARLES F. RICHARD
3. (b) If veteran, name war None - Employers **3. (c) Social Security No.** 43-0478460

4. Sex male **5. Color or race** white **6. (a) Single, widowed, married, divorced** widowed
6. (b) Name of husband or wife. Lilian Richard **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased. May 21 1863
(Month) (Day) (Year)

8. AGE: — Years	Months	Days	If less than one day
<u>81</u>	<u>4</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace. New York New York
(City, town, or county) (State or foreign country)

10. Usual occupation. sales agent

11. Industry or business. Charles F. Richard Co.

12. Name Henry Richard
13. Birthplace. unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Nettie Seger
15. Birthplace. unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant. Floretta Miller

(b) Address 4521 Pershing Ave. St. Louis

17. (a) burial **(b) Date thereof.** 10/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bellefontaine Cemetery

18. (a) Signature of funeral director. C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd. St. Louis

19. (a) OCT 3 1944 **(b) J. F. Brubaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4521 Pershing Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1944 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 15
1944 to Oct 2 1944
that I last saw him alive on Oct 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. myocarditis
(acute hypertensive)

Due to _____
Due to 117

Other conditions. Ulcer breakdown with hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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)
(e) Means of injury _____

23. Signature J. F. Brubaker (M. D. or other) _____
Address 3603 Union St **Date signed** Oct 3 1944

Dr. H. W. Soper
3903 Olive Street,
JE-5600

10^{am} / 1^{pm}

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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address University City, N

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.