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M—8-43
v. 5-17-39
I X37823

#34228

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29856

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8523

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

1. PLACE OF DEATH:

(a) County

(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. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17

(c) City or town ST. LOUIS 4 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4398a GIBSON AVE
(If rural, give location)

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

3. (a) PRINT FULL NAME / Andrew Richardson

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife

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

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

8. AGE: Years 78 Months ~~28~~ 10 Days 2 If less than one day hr. min.

9. Birthplace PHILIPS COUNTY MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation MEAT CUTTER

11. Industry or business ST. LOUIS IND PAK CO

FATHER
12. Name JASPER RICHARDSON
13. Birthplace PHILIPS COUNTY MO 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ALDMIRA UNKNOWN
15. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant CLARENCE BOWERS
(b) Address 4398a GIBSON AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 6 44 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEM

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 SO KINGHIGHWAY

19. (a) OCT 6 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd year 1944 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from 9/22/44, 19, to Oct. 3rd, 19 44 that I last saw him alive on Oct. 3rd, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis For advanced.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Refused

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M.D. or other)
Address 1515 Lafayette Date signed 10/4/44

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D. McDermott

Licensed Embalmer No. 30221

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.