

FILED MAR 9 1945

Registration District No. 318

Primary Registration District No.

Registrar's No. 1666

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:
5272 Washington Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life time
years, months or days) (Specify whether)

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. 5272 Washington Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Thomas Tilden Richards,

3. (b) If veteran, name war.....

None

3. (c) Social Security No.

497-16-2617

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Agnes Dodd Richards

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 15 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>3</u>	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired,

11. Industry or business Electrical Equipment,

12. Name Thomas T. Richards,

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

14. Maiden name Ellen Filley,

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

16. (a) Informant Mrs. T. T. Richards,

(b) Address 5272 Washington Ave.,

17. (a) burial (b) Date thereof 2/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lingell Blvd.

19. (a) (Date received local registrar) (b) J. F. Bredeek
(Registrar's signature)

20. DATE OF DEATH: Month FEB. day 18th
year 1945 hour 6:30 minute..... P. M.

21. I hereby certify that I attended the deceased from 11-18-38
19....., to 2-17 1945;

that I last saw him alive on 2-17 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Duration
Uremia - Toxemia
Broncho Pneumonia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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. Bredeek (M. D. or other).....

Address 3720 Washington St. Date signed 2/19/45

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

MOTHER FATHER

MAR 20 1945

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 Melvin E. Kemper

Licensed Embalmer No. 4057

P. O. Address 4005 Lexington

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.