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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15515

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4318

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: Bethesda General Hospital (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. 4398 Olive Str. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Randolph Richardson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Margaret Bennet
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April (Month) 16 (Day) 1895 (Year)

8. AGE: Years 50 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business Salesman
FATHER
12. Name Chas. J. J. Richardson
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Clara Hannan
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant Chas. J. J. Richardson
(b) Address 329 No. Taylor
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem
18. (a) Signature of funeral director L. Muller Hyd Co
(b) Address 5165 Delmar Bl.
19. (a) MAY 15 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1945 hour 6 minute 45 a.m.
21. I hereby certify that I attended the deceased from May 7, 1945 to May 14, 1945 that I last saw him alive on May 13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Cirrhosis Liver	3 yrs.
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) M.D.
Address 4500 Olive Date signed 5-14-45

(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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.