

S. No. 2
M-2-43
7-5-17-39
X35697

FILED AUG 24 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **818** Primary Registration District No. Registrar's No. **7059**

1. PLACE OF DEATH: **818**

(a) County **St. Louis**

(b) City or town **St. Louis**

(c) Name of hospital or institution: **Stone Nursing Home**
(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: **1003**

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **6251 Clayton Avenue**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Cora Lay Nestor Richards**

3. (b) If veteran, name war No. 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Hedley J Richards, Dec'd 3/20/11** 6. (c) Age of husband or wife if alive **17** (Year) **1869**

7. Birth date of deceased: **May 17** (Month) **1869** (Year)

8. AGE: **76** Years **2** Months **23** Days If less than one day hr. min.

9. Birthplace **Clatons** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **At home**

11. Industry or business **Not employed**

12. Name **Jess Lay**

13. Birthplace **Bolton** (City, town, or county) **Mo** (State or foreign country)

14. Maiden name **Elizabeth Chambers**

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

16. (a) Informant **Mrs. A. W. Aylin,**

(b) Address **Mew Orleans, La.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/11/45** (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Robert J. Ambruster**

(b) Address **Clayton Rd. at Concordia Lane**

19. (a) **Aug 11, 1945** (Date received local registrar) (b) **J. J. ...** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **10** year **1945** hour minute A. M.

21. I hereby certify that I attended the deceased from **3-20-** 19 **44** to **8/10/45**, 19

that I last saw her alive on **8/9/45**, 19

and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** Duration **11 months 8 days**

Due to **Hypertension, unknown.**
Adiposity. 4 or more yrs.

Due to

Other conditions (Include pregnancy within 3 months of death) **15**

Major findings: Of operations **No operation**

Of autopsy **No. autopsy**

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 **0**

23. Signature **J. M. G. Wood** (M. D. or other) **0**
Address **1001a McCausland Ave.** Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Robert J. [Signature]
.....
Licensed Embalmer No. 1994
.....

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.