S. No. 2
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7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22123

FILED JUN 20 1946

State File No.

Registration District No. 1003 Primary Registration District No. 1003 Registrar's No. 5075

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Inf. 0 (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 Illinois (b) County St. Clar 999

(c) City or town E. St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 1814 Central Avenue (If rural, give location) NR 1

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Rosie Richardson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Robert Richardson

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

7. Birth date of deceased August (Month) 15, (Day) 1889 (Year)

8. AGE: Years 56 Months 8 ~~7~~ Days 17 ~~19~~ If less than one day hr. min.

9. Birthplace Brooksville (City, town, or county) Mississippi (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Judge Brooks
13. Birthplace Mississippi (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Bettie Moss
15. Birthplace Mississippi (City, town, or county) (State or foreign country) 1

16. (a) Informant

(b) Address 1814 Central Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6- 9- 46 (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Booker Washington

18. (a) Signature of funeral director R. M. Green

(b) Address 3517 Laclede Ave

19. (a) JUN 6 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/3/46 day year hour minute M.

21. I hereby certify that I attended the deceased from 6/1/46 , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration 4 days

Due to Fibroid (Fibromyoma of Uterus)

Due to

Other conditions (Include pregnancy within 3 months of death) 56

Major findings: Of operations Laparotomy for Obstruction

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 0

23. Signature H. Hirschberg (M. D. or other) MD

Address 1421 Kansas Date signed 6/5/46

(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 Melvin Edward Green, Registered Apprentice No. 383, working under my personal supervision.

Signed M. E. Green

Licensed Embalmer No. 1173

P.O. Address 3517 Sacketa av

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.