S. No. 2
M—2-43
5-17-39
X35697

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

24499

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25650

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6015

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: Infirmary Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/23/44 to 7/5/46 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town ST, Louis. 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5600 Arsenal ST 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Helen Richardson

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 1 (Day) 1936 (Year)

8. AGE: Years 9 Months 10 Days 4 If less than one day hr. min.

9. Birthplace ST, Louis, Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Frederick Richardson
13. Birthplace Mo. O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Dauphin
15. Birthplace Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsemal

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 9 46 (Month) (Day) (Year)
(c) Place: burial or cremation ST. TRINITY LUTHERN CEM.

18. (a) Signature of funeral director KRIEGSHAUSER UND. CO.
(b) Address 4228 SO. KINGSHIGHWAY BL.

19. (a) JUL 8 1946 (Date received in registrar) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1946 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug. 23, 1944 to July 5, 1946
that I last saw her alive on July 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Post Encephalitis 48 Hrs.	XXXX
Due to Status Epilepticus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

85

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 Palmer Ronsaw Bowlich (M. D. ~~or other~~) O
Address 5600 ARSENAL ST. Date signed 7-7-46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.