S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29437 7743

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

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: Enroute City Hospital 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Cook 999
(c) City or town: Chicago 11 (If outside city or town limits, write "RURAL") 0
(d) Street No.: 1012 Newberry Ave. (If rural, give location) 2
NR
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: David C. Richardson
3. (b) If veteran, name war: No
3. (c) Social Security No.: Unknown

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rosyln Richardson
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: February (Month) 12 (Day) 1903 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 44 | 6 | 0 | hr. min. |

9. Birthplace: Scotland 4 (City, town, or county) (State or foreign country)
10. Usual occupation: Physician & Surgeon
11. Industry or business
FATHER 12. Name: John Richardson
FATHER 13. Birthplace: Scotland 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Georgianna Scott
MOTHER 15. Birthplace: Scotland 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Rosyln Richardson
(b) Address: 1012 Newberry Ave., Chicago, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Chicago, Ill.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) AUG 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from, 19, to, 19; that I last saw b. alive on, 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Heat Stroke | |
| Due to: 191 | |
| Due to: 40 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accid
(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: Alfred J. Parry (M. D. or other) 3
Address: Deputy Coroner Date signed 8-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 7 1959

37243

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.