

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

300  
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596

STANDARD CERTIFICATE OF DEATH

31381

State File No. \_\_\_\_\_

FILED SEP 24 1948

318

1003

Registrar's No. 7826

Registration District No. \_\_\_\_\_

Primary Registration District 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:  
City Hospital 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 Days  
(Specify whether years, months or days)  
 In this community 23 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San Jo  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1224 South 9th. Street  
22 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Allie Richardson

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 Married

6. (b) Name of husband or wife James Richardson  
 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 9 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Richard Blewington

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Frost

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

16. (a) Informant James Richardson

(b) Address 1224 South 9th. Street

17. (a) Burial (b) Date thereof 9-7-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2317 Lafayette

19. (a) SEP 7 1948 (b) J.F. Brecken  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5, year 1948 hour 4:15 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 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 Fracture of right hip, Arteriosclerosis; when she fell to the floor in her bed room on Aug. 29, 1948, about 1:00 o'clock A.M.

Due to \_\_\_\_\_  
 Other conditions 182a  
(Include pregnancy within 3 months of death)

Major findings: 18  
 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: Accident

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence 8-29-1948

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
home  
(Specify type of place)

While at work? no Means of injury see above

23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
 Address [Address] Date signed 9/7/48

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**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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

**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.**