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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38571

State File No. 9776
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
In this community 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1223 a N Endleton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Plennie Richardson

3: (b) If veteran World War # I name war (c) Social Security No. 494-07-6895

4. Sex Male 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Richardson
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March 15th 1887
(Month) (Day) (Year)

8. AGE: 61 Years 7 Months 22 Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Emerson Electric Mfg. Co

12. Name Andrew W. Richardson

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

14. Maiden name Georgia Roberson

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

16. (a) Informant Mrs Richardson

(b) Address 1324, A. No. Sarah

17. (a) Burial (b) Date thereof 11/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. Jeff. Brk.

18. (a) Signature of funeral director Joseph Costantini

(b) Address 3951, Finney Ave

19. (a) NOV 10 1948 (Date received local registrar) J. B. Laster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1948 hour 9 minute 10 a. M.

21. I hereby certify that I attended the deceased from 10-14 1948 to 11-7 1948
that I last saw him alive on Nov. 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with left and right Failure

Due to _____
Due to _____

Other conditions Para phemosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

Duration
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Dean Powell (M. D. or other)
Address 2601 N Whittier Date signed 11/8/48

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.....

Licensed Embalmer No. *4441*

P. O. Address. *2829 Washington*

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.