

FILED JAN 11 1949

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11288**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Farmington
(If outside city or town limits, write "RURAL")

(d) Street No. NR
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Richards, Meade S.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1948 hour 7 minute 55 p.m.

21. I hereby certify that I attended the deceased from
Nov. 27, 1948 19____ to Dec. 25, 1948 19____
that I last saw h. im alive on Dec. 25, 1948 19____
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race Wh

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

6. (b) Name of husband or wife Maggie D. Richards

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

7. Birth date of deceased August 8th 1871
(Month) (Day) (Year)

Immediate cause of death Intracranial hemorrhage

Due to	Duration
<u>Panarteritis</u>	<u>6 wks</u>
Due to _____	_____

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

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>17</u>	hr. _____ min. _____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired Mail Clerk

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Maggie D. Richards

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 12-29-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Missouri
Rowland Mortuary Service
4104 Manchester Ave.

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? _____

18. (a) Signature of funeral director J B Casater

(b) Address _____

19. (a) DEC 29 1948 (Date received local registrar)

J B Casater (Registrar's signature)

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

23. Signature J B Casater (M. D. or other) _____
Address Barnes Hospital Date signed 12/26/48

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

17
9

11288

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 J. Allen Davis
Licensed Embalmer No. 4053

P. O. Address St. Louis 10, Missouri

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.