S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10565

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3199

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 3
c. LENGTH OF STAY (In this place): 15 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): En Route from Phillips Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Mo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo 17 9
d. STREET ADDRESS (If rural, give location): 4227 St. Louis

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle): E
c. (Last): Richardson

4. DATE OF DEATH (Month) (Day) (Year): 4 5 1949

5. SEX: F 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 29. 1929
9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months 6 Days 7
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): typist
10b. KIND OF BUSINESS OR INDUSTRY: U.
11. BIRTHPLACE (State or foreign country): Hatiti Mo
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: W. L. Short
13b. MOTHER'S MAIDEN NAME: Mary Ann Davis
14. NAME OF HUSBAND OR WIFE: Fred Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mary Aldridge
ADDRESS: #227 St Louis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage following gunshot wounds of chest suffered about 5:45 P.M.,

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) April 5, 1949, in home at 4205 West Page Blvd., when shot with gun in the

DUE TO (c) hands of husband one Fred Richardson,

II. OTHER SIGNIFICANT CONDITIONS Col. HOMICIDE

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:45 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred Perry Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 4/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11-49
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: APR 9 1949
REGISTRAR'S SIGNATURE: J B Sasaler
25. FUNERAL DIRECTOR'S SIGNATURE: ATKINS BROS
ADDRESS: 3644 FINDLEY

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1956

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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Signed Louis V. Atkins

Signed _____
Student Embalmer

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.