

FILED APR 17 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4094 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carden City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carden City</u>	
c. LENGTH OF STAY (In this place) <u>6 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 10, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 19, 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landscape Gardener</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Martha - unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Richardson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ella Richardson</u> ADDRESS <u>St. Louis Mo.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgeon Dept of Leg -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1345</u>

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 3/27, 1950, to 4/10, 1950, that I last saw the deceased alive on 4/9, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edna C. Jones</u> (Degree or title)	23b. ADDRESS <u>St. Louis City, Mo.</u>	23c. DATE SIGNED <u>4/10/50</u>
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24a. BURIAL - CREMATION - REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 12 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carden City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carden City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 11, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna C. Jones</u> ADDRESS <u>St. Louis City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0190

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.....
Student Embalmer

Signed..... *Ray J. Shilly*.....
Licensed Embalmer No. *84685*.....

P. O. Address *Saunder City, Mo.*.....

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.