

FILED DEC 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39298

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 2103

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY 4376	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 8200 GANNON AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8200 GANNON AVE			

3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) CAMPBELL c. (Last) RICHARDS.			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	
8. DATE OF BIRTH APRIL 22, 1878		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ORRICK, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME DR. WILLIAM CAMPBELL		13b. MOTHER'S MAIDEN NAME LUCY (UNKNOWN)		14. NAME OF HUSBAND OR WIFE D. P. RICHARDS SR.	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS D. P. RICHARDS JR. 8200 GANNON AVENUE	
--	--	------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric (Peptic) Ulcer, hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced rheumatoid arthritis 25 years				INTERVAL BETWEEN ONSET AND DEATH 3 days	
--	--	---	--	--	--	---	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5400				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	---------------------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) (Min)		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 1925 to 1952, that I last saw the deceased alive on Nov 30, 1952, and that death occurred at 9:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Samuel D. Grant M.D.		23b. ADDRESS 114 N. Taylor		23c. DATE SIGNED Dec 1 1950	
---	--	----------------------------	--	-----------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT		24b. DATE 12/4/50		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM		24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY, MISSOURI	
--	--	-------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 12-1-50		REGISTRAR'S SIGNATURE Herbert R. Danks M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. R. Lupton & Sons; 7233 Delmar Blvd.	
----------------------------------	--	---	--	---	--

RUR (Licensed Embalmer's Statement on Reverse Side)

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

4006

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *4032*

P. O. Address *St. Louis 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.