

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1950

State File No. 42743  
10428 Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. 1003	Registrar's No.	
1. PLACE OF DEATH a. COUNTY 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2204		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			2. STREET ADDRESS (If rural, give location) 2528 West Hebert St		
3. NAME OF DECEASED a. (First) JOHN: (Type or Print)		b. (Middle) T	c. (Last) RICHARDSON	4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 50	
5. SEX male 0	6. COLOR OR RACE white.	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 21-1892	9. AGE (In years last birthday) 58.	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator	10b. KIND OF BUSINESS OR INDUSTRY Wabash. RR	11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Ellis Richardson.		13b. MOTHER'S MAIDEN NAME Mary Black	14. NAME OF HUSBAND OR WIFE Virgil Anna Richardson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgel A. Richardson 2528 W. Hebert			
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) Coronary Occlusion Coronary Sclerosis; Subarachnoid hemorrhage following injuries suffered in a collision between car operated by deceased and another operated by a Mr. Niann on Nov 19 1950 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 530 - 600 pm near De Soto Mo				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION in Jefferson County Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Traffic accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) De Soto Mo Jefferson County			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 19 50 600pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 571 681 667			
22. I hereby certify that I attended the deceased from 3 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 6:26 A. M., from the causes and on the date stated above.					
22a. SIGNATURE Patrick E Taylor		(Degree or title) Coroner	22b. ADDRESS 1300 Clark		22c. DATE SIGNED 12.7.50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (7)	24b. DATE 12-9-1950	24c. NAME OF CEMETERY OR CREMATORY Silver Spring Cem.	24d. LOCATION (City, town, or county) (State) Silver Springs, Mo		
DATE REC'D BY LOCAL REG. DEC 7 1950	REGISTRAR'S SIGNATURE J. B. Fosater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner U. 2223 St. Louis Ave.		

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

*W. L. W.*

**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 *John P. Buchholz*

Signed.....  
Student Embalmer

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis*

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.