

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6569**  
Registrar's No. **1373**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1000**

|   |  |   |             |
|---|--|---|-------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b> |             |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> | c. LENGTH OF STAY (In this place) <b>30 Days</b> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Herculaneum</b>   | <b>6500</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>                         |  | d. STREET ADDRESS (If rural, give location) <b>133 Thurwell Ave.</b>  |             |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Archae</b> b. (Middle) <b>C.</b> c. (Last) <b>Richardson</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7, 1951</b> |  |  |
|---|--|--|---|--|--|

|                    |                               |   |                                      |   |                        |                       |                      |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|----------------------|
| 5. SEX <b>male</b> | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>May 13, 1887</b> | 9. AGE (In years last birthday) <b>63</b> | IF UNDER 1 YEAR Months | IF UNDER 1 HRS. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|----------------------|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lead worker</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joe Lead Co.</b> | 11. BIRTHPLACE (State or foreign country) <b>Laddy, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|---|--|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>John Richardson</b> | 13b. MOTHER'S MAIDEN NAME <b>Angeline Huff</b> | 14. NAME OF HUSBAND OR WIFE <b>Mae Richardson</b> |
|---|--|---|

|  |  |   |         |
|--|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> | 16. SOCIAL SECURITY NO. <b>498-09-3220</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mae Richardson, Herculaneum, Mo.</b> | ADDRESS |
|--|--|---|---------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain Tumor (frontal lobe left) (probably malignant)</b>                             | ANTECEDENT CAUSES  |  | <b>2 mos?</b>                    |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> |  |                                  |
|  | DUE TO (c) <b>multiple arthritis</b>   |  | <b>5 yrs.</b>                    |
| II. OTHER SIGNIFICANT CONDITIONS   | Conditions contributing to the death but not related to the disease or condition causing death.                    |  |                                  |

|                                      |  |  |
|--------------------------------------|--|--|
| 19a. DATE OF OPERATION <b>7/5/51</b> | 19b. MAJOR FINDINGS OF OPERATION <b>(ventriculogram) - as above.</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--------------------------------------|--|--|

|  |   |   |
|--|---|---|
| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>192X</b>          |

22. I hereby certify that I attended the deceased from **Dec 27, 1950** to **Feb 7, 1951**, that I last saw the deceased alive on: **Feb 7, 1951**, and that death occurred at **5 1/2 p.m.**, from the causes and on the date stated above.

|  |                                      |                                |
|--|--------------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <b>George A. O'Sullivan, M.D.</b> | 23b. ADDRESS <b>421 W. Schirmer.</b> | 23c. DATE SIGNED <b>2-8-51</b> |
|--|--------------------------------------|--------------------------------|

|  |                         |   |  |
|--|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>2-8-51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Herculaneum, Mo. Cem.</b> | 24d. LOCATION (City, town, or county) (State) <b>Herculaneum, Missouri</b> |
|--|-------------------------|---|--|

|  |   |                                 |
|--|---|---------------------------------|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 10 1951</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Vinyard</b> | ADDRESS <b>Festus, Missouri</b> |
|--|---|---------------------------------|

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

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address St Charles, 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.