

FILED APR 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10895

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3063 Registrar's No. 844

1. PLACE OF DEATH
a. COUNTY **ST LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MO** b. COUNTY **ST LOUIS**
c. CITY (If outside corporate limits, write RURAL and give township) **60 TOWN WEBSTER GROVES 4607**
d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. Louis Co. Hospital** d. STREET ADDRESS (If rural, give location) **140 TULIP DRIVE**

3. NAME OF DECEASED
a. (First) **Chas.** b. (Middle) **Truman** c. (Last) **Richardson**

4. DATE OF DEATH **Mar. 31, 1951**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED 1** 8. DATE OF BIRTH **JUNE 4-1905** 9. AGE (In years last birthday) **45** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CHEMIST** 10b. KIND OF BUSINESS OR INDUSTRY **MONSANTO Co.** 11. BIRTHPLACE (State or foreign country) **BAXTER TENN** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **ROBERT L RICHARDSON** 13b. MOTHER'S MAIDEN NAME **REBECCA McHENRY** 14. NAME OF HUSBAND OR WIFE **TREYNE 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. **365-18-1281** 17. INFORMANT'S SIGNATURE OR NAME **Treune Richardson** ADDRESS **140 Tulip Dr.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
ANTECEDENT CAUSES
DUE TO (b) **Hypertension**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3-29-51
3-31-51

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **331X** 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) (Min.) _____ 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 **3-29**, 19**51**, to **3-31**, 19**51**, that I last saw the deceased alive on **Mar. 31**, 19**51**, and that death occurred at **7:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Herman C. Ross D.M.P.** 23b. ADDRESS **601 S. Brentwood** 23c. DATE SIGNED **3-31-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **4-3-1951** 24c. NAME OF CEMETERY OR CREMATORY **ODD FELLOWS CEM.** 24d. LOCATION (City, town, or county) (State) **BAXTER TENN**

DATE REC'D BY LOCAL REG. **4/1/51** REGISTRAR'S SIGNATURE **Herbert R. Lumber** 25. FUNERAL DIRECTOR'S SIGNATURE **W. Parker - Aldrich** ADDRESS **Webster Groves**
66 Aldrich MO

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 _____

working under my personal supervision.

Student Embalmer No.

Signed: *Leslie Welch*

Signed.....
Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address: *Walter Brown*

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.