

THE DIVISION OF HEALTH OF MISSOURI  
FILED JUN 14 1951 STANDARD CERTIFICATE OF DEATH

State File No. 18852

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2350

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</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) <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EUREKA, MO.</u>	
c. LENGTH OF STAY (In this place) <u>2 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>4740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) _____ c. (Last) <u>RICHARDSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>UNKNOWN</u>			9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>ABOUT 75</u> Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>INDUSTRY</u>		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>CHARLES H. GASPERSON, EUREKA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious hepatitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
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. <u>Fractured neck of left femur</u>		<u>5 wks.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>092XF</u>		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) (m.)		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 4-19-1951 to 6-2-1951, that I last saw the deceased alive on 6-2-1951, and that death occurred at 6:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton 5, Mo.</u>	
23c. DATE SIGNED <u>6-3-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Mathews Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>7456 MANCHESTER MAPLEWOOD 17, MO</u>			
DATE REC'D BY LOCAL REG. <u>6-5-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			
		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>JAY D. Smith, 7456 MANCHESTER MAPLEWOOD 17, MO</u>			

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

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**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.

Student .....  
Student Embalmer

Signed Ronald O. Yehnk

Licensed Embalmer No. 3917

P. O. Address 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.