

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25173
6280

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) DeSoto			
c. LENGTH OF STAY (In this place)				d. STREET ADDRESS (If rural, give location) 801 No. 3rd St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital				4. DATE OF DEATH (Month) (Day) (Year) July 12 1951			
3. NAME OF DECEASED (Type or Print)		a. (First) LOUIS		b. (Middle) KENNETT		c. (Last) RICHARDSON	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 6, 1875	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Carpenter-Mo.-Ill. R.R. Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Francois Co. Mo.	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME John W. Richardson			
13b. MOTHER'S MAIDEN NAME Melinda J. Pernoud				14. NAME OF HUSBAND OR WIFE Mattie G. Richardson			
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mattie G. Richardson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 years	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma sigmoid colon				ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbidity 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.			
19a. DATE OF OPERATION 1944		19b. MAJOR FINDINGS OF OPERATION Carcinoma sigmoid colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 152X			
22. I hereby certify that I attended the deceased from 7/11/1951 , to 7/12/1951 , that I last saw the deceased alive on 7/12/1951 , and that death occurred at 4:00 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE C. H. Johnson, M.D. (Degree or title)				23b. ADDRESS 1755 So. Grand		23c. DATE SIGNED 7/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 16, 1951		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JUL 15 1951 J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard N. Stover

Licensed Embalmer No. 4007

P. O. Address _____

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.