

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 25174

6142

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY	
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		2229			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2621 RUTGER ST.				STREET ADDRESS (If rural, give location) 2621 RUTGER ST.					
3. NAME OF DECEASED (Type or Print) SUSAN A RICHARDSON			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JULY-8-51			
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W. 2		8. DATE OF BIRTH MARCH-11-1864		9. AGE (In years last birthday) 87 YR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MASON			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND-OR WIFE ALEXANDER RICHARDSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Sol. Clavis 2621 Rutger St.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial acute						6 mo	
		ANTECEDENT CAUSES DUE TO (b) senility						2 yrs	
		DUE TO (c) Fracture ribs						5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ood						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		2621 Rutger St. St. Louis MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 4 51 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Accidentally fell		E 9030			
22. I hereby certify that I attended the deceased from Jan 4, 1951, to July 8, 1951, that I last saw the deceased alive on 7-8, 1951, and that death occurred at 12:45 P.M., from the causes and on the date stated above. 21									
23a. SIGNATURE L.R. Wentzel			23b. ADDRESS 2726 Chautau			23c. DATE SIGNED 7-9-51			
24a. BURIAL, CREMATION OR OTHER DISPOSAL Burial		24b. DATE July-11-51		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. JUL 10 1951		REGISTRAR'S SIGNATURE J. B. Fosater			25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schuur				
					ADDRESS 3125 Lafayette				

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.....
Student Embalmer

Signed *Joseph Vollmer*.....

Licensed Embalmer No. *4014*.....

P. O. Address *3125 Lafayette*.....

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.