

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31790

State File No.

FILED OCT 10 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8027

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital #1		d. STREET ADDRESS (If rural, give location) 3 6731 Marmaduke Ave.			
3. NAME OF DECEASED (Type or Print) EDWARD		a. (First) EDWARD		b. (Middle) C.	
		c. (Last) RICHARDS		4. DATE OF DEATH (Month) (Day) (Year) Sep. 9 1951	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	
8. DATE OF BIRTH Aug. 21, 1878		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 10 HRS: HOURS MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Retired)		10b. KIND OF BUSINESS OR INDUSTRY 24 Years		11. BIRTHPLACE (State or foreign country) Gillespie, Ill. /	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Thomas A. Richards		13b. MOTHER'S MAIDEN NAME Loretta M. Stevens	
14. NAME OF HUSBAND OR WIFE Olive K. Richards		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.	
17. INFORMANT'S SIGNATURE OR NAME Olive K. Richards		ADDRESS 6731 Marmaduke Ave			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>L2 of spine; Coronary thrombosis</i> ANTECEDENT CAUSES <i>suffered Sept 8 1951 when decreased either fell, slipped or jumped from 3rd floor</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>2nd floor at the emergency</i> 2. OTHER SIGNIFICANT CONDITIONS <i>while suffering a mental aberration each time</i> 3. INTERVAL BETWEEN ONSET AND DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>unknown in 1st accident</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>SHOOTING ACCIDENT</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <i>Injury</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept 8 5:30</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>690247</i>	
22. I hereby certify that I attended the deceased from <i>2:00</i> on <i>9</i> , 19 <i>51</i> , to <i>10:00</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9</i> , 19 <i>51</i> , and that death occurred at <i>5:30</i> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Patrick E. Taylor</i>		23b. ADDRESS <i>31300 Clark</i>		23c. DATE SIGNED <i>9. 10. 51.</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial 1)</i>		24b. DATE <i>Sep. 12, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	
		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>SEP 10 1951</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i>	
		ADDRESS <i>4228 S. Kingshighway Bl.</i>			

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 *William B. White*

Signed.....
Student Embalmer

Licensed Embalmer No. *4291*

P. O. Address *4228 S. Kingshighway*

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.