

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39625

FILED DEC 15 1951

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1003

State File No.

Registrar's No. **10861**

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| 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 Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 5 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1410 North Garrison | | | | d. STREET ADDRESS (If rural, give location) 21 1410 North Garrison | | | |
| 3. NAME OF DECEASED (Type or Print) Harriet | | a. (First) | | b. (Middle) | | c. (Last) Richardson | |
| 4. DATE OF DEATH (Month) (Day) (Year) December 5, 1951 | | 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED widowed | |
| 8. DATE OF BIRTH April 12 1881 | | 9. AGE (In years last birthday) 70 | | 10. UNDER 1 YEAR Months _____ Days _____ | | 11. UNDER 18 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (State or foreign country) Jefferson County, Arkansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME unknown | | 13b. MOTHER'S MAIDEN NAME Amy Ogletree | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Josephine Hawthorne 4218 Third 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis DUE TO (c) Chronic Myo-carditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4221 | | | |
| 22. I hereby certify that I attended the deceased from Nov. 1950 , to Dec. 5, 1951 , that I last saw the deceased alive on Dec. 5, 1951 , and that death occurred at 2:30 P.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE [Signature] | | | | 23b. ADDRESS M.D.O. 3000a Easton | | 23c. DATE SIGNED 12-6-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12-7-51 | | 24c. NAME OF CEMETERY OR CREMATORY Booker Washington | | 24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois | |
| DATE REC'D BY LOCAL REG. DEC 7 1951 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | | ADDRESS 3847 | |

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 O. J. Nash

Licensed Embalmer No. 2234

P. O. Address 3847 Page

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.