

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10481  
2234

State File No. ....  
Registrar's No. ....

S. No. 300  
v. 10.48

MAR 29 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>4 DAYS</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital # 1</b>		d. STREET ADDRESS (If rural, give location) <b>1515 Lafayette</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LENORA</b> b. (Middle) c. (Last) <b>RICHARDS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 8 1952</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>APRIL 1 1917</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLEANING WOMEN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BREYHARD BUS CO</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>WILLIAM HERZOG</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE	
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. <b>489-12-1430</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EDWARD RICHARDS 308 LEMAY MO.</b>	
<p>18. CAUSE OF DEATH</p> <p>Enter only one cause per line for (a), (b), and (c)</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b></p> <p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>H 91 X</b>			
22. I hereby certify that I attended the deceased from <b>Mar. 4</b> , 19 <b>52</b> , to <b>Mar. 8</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Mar. 8</b> , 19 <b>52</b> , and that death occurred at <b>1:15 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>F. J. Callaghan</b>		23b. ADDRESS <b>1515 Lafayette</b>	
23c. DATE SIGNED <b>3/8/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR. 9 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS 140</b>	
DATE REC'D BY LOCAL REG. <b>MAR 10 1952</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>		ADDRESS <b>2906 Gravois</b>	

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.....

*Leo J. Buddle*

Licensed Embalmer No. 3989

P. O. Address St. Louis Mo

**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.