No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22910

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 541 Registrar's No. 1750

1. PLACE OF DEATH
a. COUNTY: St. Louis Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 3 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eureka
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle):
c. (Last): Richardson

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 52

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNK 9
8. DATE OF BIRTH: (UNK) 1881
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNK
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): UNK. 9
12. CITIZEN OF WHAT COUNTRY?: UNK

13a. FATHER'S NAME: UNK
13b. MOTHER'S MAIDEN NAME: UNK
14. NAME OF HUSBAND OR WIFE: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNK
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT'S SIGNATURE OR NAME: Co. Hospital Records - Clayton
ADDRESS: Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: UNKN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Pulmonary edema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Malnutrition + dehydration Urinary

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-5, 19 52, *to* 6-8, 19 52, *that I last saw the deceased alive on* 6-8, 19 52, *and that death occurred at* 6:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE Wayne E. Roberts, MD. (Degree or title)
23b. ADDRESS 6 N. S. Brentwood Clayton
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Interred
24b. DATE: 6-10-52
24c. NAME OF CEMETERY OR CREMATORY: Washington W
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 6-27-52
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Rowland Mortuary Service, 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.