

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

40647

State File No. \_\_\_\_\_

FILED DEC 12 1952

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Registrar's No. 10648

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 <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2112	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>11 4417 a Cottage</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carlton</u> b. (Middle) _____ c. (Last) <u>Richardson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 18, 1922</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>trucking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lewis Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Burns</u>		14. NAME OF HUSBAND OR WIFE <u>Magadeln Richardson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW#2</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Richardson, Lebanon, Ill</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure of Undetermined etiology- Duration 5 months</u> DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>symptomatic neurosyphillis-duration, undetermined</u> Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND 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) _____		21f. HOW DID INJURY OCCUR? <u>026XA</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>10-16</u> , 19 <u>52</u> , to <u>11-15</u> , 19 <u>52</u> that I last saw the deceased alive on <u>11-15</u> , 19 <u>52</u> , and that death occurred at <u>5:15 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward B. Williams, M.D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>11-17-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>11-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>NOV 19 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meyer F.H., Lebanon, Ill.</u>			

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

Phy Hospital 11-17-52

1961 OCT 10

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 Ronald D. Yahrke

Licensed Embalmer No. 2917

P. O. Address St Louis

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.

*Recd*

TO THE  
BUREAU OF VITAL STATISTICS  
Attention of Mrs. Paddock  
Municipal Courts Building  
St. Louis, Missouri

#40647  
NOV 25 1952

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BUREAU OF VITAL STATISTICS

Dear Sirs:

RE: Carlton Richardson  
DATE OF DEATH: 11-15-52  
HOSP NO: 52-56034

Please be advised that there were several clinical diagnostic features of this patient's disease that could not be documented without an autopsy. The diagnoses given included some of the causes but should be rearranged to include the following:

- I - a Congestive Heart Failure of Undetermined etiology. - Duration 5 months
- b. Undetermined
- II Asymptomatic neurosyphilis - duration, undetermined

026 X A

OTHER CONDITIONS:

- Pulmonary Tuberculosis - duration undetermined
- Paralytic ileus
- Mesenteric Thrombosis

These conclusions were based on review of the record with the resident staff and the above changes are recommended.

Yours very truly,

*E. B. Williams, Jr.*  
Edward B. Williams, Jr., M. D.  
Supervisor of Medical Service

EBW/r

S-40647 1952