

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3658

FILED FEB 3 1953

State File No. _____

318

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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 _____ b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 20 yrs?		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 216 2015a N. 10th Street 0					
3. NAME OF DECEASED (Type or Print) MARY			a. (First) _____ b. (Middle) L		c. (Last) RICHARDSON		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 19, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 15, 1863		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Detroit, Michigan			12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Joseph Rice			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE George Richardson (deceased)			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Richardson 4019 N. Eleventh Street				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bowel Obstruction possibly due to Cancer of colon</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200					
22. I hereby certify that I attended the deceased from <u>1-12-53</u> , 19 <u>53</u> , to <u>1-19-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-19-53</u> , 19 <u>53</u> , and that death occurred at <u>9:25P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. Higgins, M.D.</u> (Degree or title)				23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 1-20-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 22, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) St. Louis County		(State) MO	
DATE REC'D BY LOCAL REG. JAN 20 1953		REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SUEMEYER & SON'S 3934 N. 20th Street				

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

(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

Gustav W. Dietrich

Licensed Embalmer No.

4329

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.