

STANDARD CERTIFICATE OF DEATH

State File No. 12041

12041

 BIRTH NO. FILED JAN 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>City</u>		c. LENGTH OF STAY (In this place township) <u>11yr 8mo</u>	c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Infirmary.</u>		e. STREET ADDRESS (If rural, give location) <u>13 5800 Arsenal St</u> <u>21390</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allan</u>		b. (Middle)	c. (Last) <u>Richardson</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>12-8-1953.</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 12, 1878</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Miss.</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Allan ????</u>		13b. MOTHER'S MAIDEN NAME <u>Anna ????</u>	14. NAME OF HUSBAND OR WIFE <u>Sadie ????</u>
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Infirmary Records 5800 Arsenal St.</u>
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>Generalized arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with arteriosclerotic heart disease</u> DUE TO (c) <u>General paresis</u> 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>025x</u>	
22. I hereby certify that I attended the deceased from <u>3-16-</u> , 19 <u>42</u> , to <u>12-8-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-8</u> , 1953, and that death occurred at <u>10:00 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Palmer Norman Rowland M.D.</u>		23b. ADDRESS <u>5800 Arsenal St.</u>	23c. DATE SIGNED <u>12-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-31-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Vault</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>DEC 22 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> <u>mgc</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland-Aker Mortuary Service</u>	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.