

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32716

State File No. _____
Registrar's No. 2134

XC-2316734

REG. #115897

BIRTH NO. FILED SEP 28 1954 REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500

5000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE ILLINOIS b. COUNTY SAINT CLAIR	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 215 DAYS	c. CITY OR TOWN E. ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 1120 REAR, LYNCH STREET	
3. NAME OF DECEASED (Type or Print) WILLIAM RICHMOND		4. DATE OF DEATH (Month) (Day) (Year) 9-4-54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 5-13-70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ODD JOBS		10b. KIND OF BUSINESS OR INDUSTRY unk.	9. AGE (In years last birthday) 84 YEARS
11. BIRTHPLACE (City and State or Foreign Country) LOUISVILLE, KY.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME JAMES RICHMOND		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW	
16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., 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, asthma, 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 ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ADENOMA CARCINOMA OF THE RECTUM	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 1 HR.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I ^{VA} attended the deceased from 1-2 , 19 54 , to 9-4- , 19 54 , and that death occurred at 4:00 pm. , from the causes and on the date stated above.			
23a. SIGNATURE John Jusson, M.D.		23b. ADDRESS VET. ADM. HOSP. JEFF. BRKS., MO.	
23c. DATE SIGNED 9-11-54		24. LOCATION (City, town, or county) (State) JEFF. BRKS., MO.	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Sept-7-1954	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFF. BRKS., MO.
DATE REC'D BY LOCAL REG. 9/16/54	REGISTRAR'S SIGNATURE Richard R. Lamb	25. FUNERAL DIRECTOR'S SIGNATURE SOUTHERN FUNERAL HOME	
25. FUNERAL DIRECTOR'S SIGNATURE ST. LOUIS, MO		ADDRESS 322 S GRAND	

4143 Oberlin

3-7-17

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 *Thomas J. Wyland Jr.*

Licensed Embalmer No. 4512

P. O. Address 6322 So. Gen

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.