

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 26 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9429**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
b. CITY OR TOWN **St. Louis** c. CITY OR TOWN **St. Louis**
3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION: **Deaconess Hospital**
e. STREET ADDRESS (If rural, give location)
6 5235 Page Blvd.

3. NAME OF DECEASED
a. (First) **Mary** b. (Middle) **Agnew** c. (Last) **Richardson**
4. DATE OF DEATH (Month) (Day) (Year)
Oct. 17, 1954

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**
8. DATE OF BIRTH **May 24, 1868** 9. AGE (In years last birthday) **86 yrs**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Private Secy.**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Edgar A. Richardson** 13b. MOTHER'S MAIDEN NAME **Annie E. Richardson** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Miss Alice Ernst** ADDRESS **5911 McPherson**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fracture Left Hip**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
AN ACCIDENT CAUSES **Fracture Left Hip** 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. **sterility**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

21a. ACCIDENT SOURCE HOMICIDE **10/15/54** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **5235 Page** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis E9030 Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **10-15-54 2 P** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Fell in bath room**

22. I hereby certify that I attended the deceased from **1952 to Oct 17, 1954**; that I last saw the deceased alive on **Oct. 17, 1954**, and that death occurred at **10:00 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edward Alexander MD** 23b. ADDRESS **3903 Olive** 23c. DATE SIGNED **10-18-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct. 19, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **OCT 18 1954** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Alexander & Sons** ADDRESS **175 Delmar**
(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Edw J. Helping
3903 Olive
Je 3-7562

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 Jos. E. McCulloh

Licensed Embalmer No. 296

P. O. Address 6170 De

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.