

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39162

State File No. _____

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10043**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 777 Bayard Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		212/0	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) c. (Last) Richardson	4. DATE OF DEATH (Month) (Day) (Year) 10 30 1954
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 3, 1911	9. AGE (in years last birthday) 43	# UNDER 1 YEAR Months	# UNDER 24 HOURS Days	# UNDER 24 HOURS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and State or Foreign Country) Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Manson Richardson	13b. MOTHER'S MAIDEN NAME Estella Dillon	14. NAME OF HUSBAND OR WIFE Mable Richardson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. 492-07-2659	17. INFORMANT'S SIGNATURE OR NAME Earl Richardson ADDRESS 777 Bayard Street
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Craniocerebral trauma from stab wound of the abdomen; ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE cutting under stabbed with butcher knife in hands of wife, Lawson, Ford in alley in rear of Broadway and Franklin, about 900		
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 Franklin, about 900 Oct 30, 1954.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office bldg., etc.) Alley	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 30 54 9:00	21e. INJURY OCCURRED WHILE AT WORK? WHOLEAT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E982X
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:15 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Regin French (Type or Print)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. NOV 5 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros. Und. Co. ADDRESS 3644 Finney
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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
Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4700 Hammett Place

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.