

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35104

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9036**

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) OR St. Louis	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		e. STREET ADDRESS (If rural, give location). 5262a Delmar Blvd.	

3. NAME OF DECEASED (Type or Print)	a. (First) THERESA	b. (Middle) MARIE	c. (Last) RICHARDS	4. DATE OF DEATH (Month) (Day) (Year) Oct. 15 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep. 13, 1928	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Venice, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Clifford Hanks	13b. MOTHER'S MAIDEN NAME Margaret Ritz	14. NAME OF HUSBAND OR WIFE David P. Richards
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME David P. Richards	ADDRESS 5262a Delmar Blvd.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo 9 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sarcomatous skin scalp &amp; Rt. P. Limb</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Sarcoma Left Hand</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>		191X	

19a. DATE OF OPERATION 2/23/55	19b. MAJOR FINDINGS OF OPERATION <i>Friable tumor filling palm of left hand</i>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <i>199.1</i>
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22. I hereby certify that I attended the deceased from *2/11*, 19*55*, to *10/15*, 19*55*, that I last saw the deceased alive on *10/15*, 19*55*, and that death occurred at *7:35P* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ernest Juren M.D.</i>	(Degree or title)	23b. ADDRESS <i>634 N. Grand St. St. Louis</i>	23c. DATE SIGNED <i>10/17/55</i>
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24a. BURIAL CREMATION, REMOVAL (Specify) Removal (Mtr)	24b. DATE Oct. 16, 1955	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	24d. LOCATION (City, town, or county) (State) Granite City, Ill.
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DATE REC'D BY LOCAL REG. OCT 17 1955	REGISTRAR'S SIGNATURE <i>J. Earl Smith md</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>S.P.</i>	ADDRESS Kriegshauser 4228 S/Kingshighway Bl.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Richard W. Stoverson*.....

Licensed Embalmer No. *4007*.....

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.