

FILED FEB 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3246

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 544 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY OR TOWN <u>Sappington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>16 days</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. 6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) _____ c. (Last) <u>RICHARDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1956</u>		
---	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 12, 1862</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Conrad Richards</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Richards</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Richards</u>	ADDRESS <u>Kirkwood, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTEL BETWEEN ONSET AND DEATH <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of left hip</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9020</u> <u>21 -495X</u>			

19a. DATE OF OPERATION <u>1-16-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture left hip - subtrochanteric - comminuted</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home - fall</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SAPPINGTON 23 St. Louis MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 16 56 7A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patient fell out of Bed</u>

22. I hereby certify that I attended the deceased from 1-16, 1956, to 1-31, 1956, that I last saw the deceased alive on 1-31, 1956, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Tichauer M.D.</u>	23b. ADDRESS <u>P.O. Box 6 Sappington 23 Mo</u>	23c. DATE SIGNED <u>1-31-56</u>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/2/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-31-56</u>	REGISTRAR'S SIGNATURE <u>Richard B. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boffino</u>	ADDRESS <u>Kirkwood Mo.</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..... *Felix Durand*

Licensed Embalmer No. *303*

P. O. Address *Hickory*

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.