

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

18521

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4598

| | | | |
|---|-------------------------------|---|---|
| 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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in State of Missouri) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1. | | Length of stay in lb | |
| 3. NAME OF DECEASED (Type or print) First Charles Middle M. Last RICHARD | | 4. DATE OF DEATH MAY 10, 1956 Month Day Year | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 28, 1891 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Hayward Realty Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 64 |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Michael Richard | | 14. MOTHER'S MAIDEN NAME Catherine Schmitt | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Elizabeth M. Richard (Wife) 4265 Juniata | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Widespread metastatic adenocarcinoma Primary lesion was in Sigmoid Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 159+ |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 4/17/56 to 5/10/56 and last saw her/him alive on 5/10/56 Death occurred at 7:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE James W. Heerley M.D. (Deceased or title) | | 22b. ADDRESS 1515 LAFAYETTE AVE. | |
| 22c. DATE SIGNED 5/12/56. | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 5-15-56 | |
| 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | |
| 24. FUNERAL DIRECTOR Kriegshausner | | 25. DATE RECD. BY LOCAL REG. MAY 11 1956 | |
| ADDRESS 4228 S. Kingshighway | | 26. REGISTRAR'S SIGNATURE Carl Smith M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

m&B

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed *Richard W. Stovesan*

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constituted 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.