

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18524**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4398**

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| 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. 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 Homer G. Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 21 1015 N. 21st | 22170 |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Susie b. (Middle) _____ c. (Last) Richardson | | 4. DATE OF DEATH (Month) (Day) (Year) 5 2 56 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 4-21 - 1904 |
| 9. AGE (In years last birthday) 52 | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) Tennessee |
| 12. CITIZENRY OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Major Auston | |
| 13b. MOTHER'S MAIDEN NAME Betty Matthews | | 14. NAME OF HUSBAND OR WIFE Clef Richardson | |

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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) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME CLEF RICHARDSON - 1015 N. 21ST. | ADDRESS _____ |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Encephalopathy with Cerebral Hemorrhage | | DUPLICATE | | Undt. | |
| * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | DUE TO (b) Hypertensive Cardiovascular Disease | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from **4-22**, 19**56**, to **5-2**, 19**56**, that I last saw the deceased alive on **5-2**, 19**56**, and that death occurred at **2:20a** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Edw. B. Williams (Degree or title) M.D. | 23b. ADDRESS 2601 N. Whittier | 23c. DATE SIGNED 5-2-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 5-5-56 | 24c. NAME OF CEMETERY OR CREMATORY Greenwood |
| 24d. LOCATION (City, town, or county) St. Louis County, Mo. | (State) _____ | |

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| DATE REC'D BY LOCAL REG. MAY 4 1956 | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son | ADDRESS 2629-31 Cole St. |
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(Licensed Embalmer's Statement on Reverse Side)

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 *H. Claude Gord*

Licensed Embalmer No. *34*

P. O. Address *45750*

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.