FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 022830
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5729

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 — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Louis City Hospital — Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 5900 Cote Brilliante — Reside on Farm Yes ☐ No ☒

38 26 9

3. NAME OF DECEASED (Type or print)	First: Hurby	Middle: J.	Last: Richardson
4. DATE OF DEATH	Month: June	Day: 17,	Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Sept.16,1887
9. AGE (In years last birthday): 69	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scrubber	10b. KIND OF BUSINESS OR INDUSTRY: Rug Cleaning	11. BIRTHPLACE (City and state or country): Prairie Hill,Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Buse Richardson		14. MOTHER'S MAIDEN NAME: Martha Conrad	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Nes — (If yes, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: 487-22-5634	17. INFORMANT Address: Mrs. John Costello, Chambers Rd.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

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): 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1130 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M Kelly Deputy Coroner	22b. ADDRESS: 1300 Clark	22c. DATE SIGNED: 6-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 6-18-57	23c. NAME OF CEMETERY OR CREMATORY: Fawk Cemetery
23d. LOCATION (City, town, or county) (State): Prairie Hill,Mo.		
24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe,4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG.: JUN 19 57	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUN 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Wm Binkley

Licensed Embalmer No. 3

P. O. Address St Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.