

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46623
STATE FILE NUMBER

FILED DEC 20 1957

Registration District No. 317 Primary Registration District No. 641 Registrar's No. 3034

Health
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Gardenville 4810		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital				Length of stay in 1b 10 days		d. STREET ADDRESS (If outside, give location) 7910a Gravois	
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Last Richardz				4. DATE OF DEATH Month 11 Day 30 Year 57			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov 21, 1870	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 0 Days Hours Min. 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress				10b. KIND OF BUSINESS OR INDUSTRY SEWING		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME John Richardz				14. MOTHER'S MAIDEN NAME Elizabeth-----			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE		17. INFORMANT W F Padberg		Address 4857 Hanover	
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) 492X					
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral thrombosis							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Month, Day, Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 11-30-57 to 11-30-57 and last saw her alive on 11-30-57 Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Verse H. Fisher M.D. (Degree or title)				22b. ADDRESS 601 So. Brentwood		22c. DATE SIGNED 12-1-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12/3/1957	23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul		23d. LOCATION (City, town, or county) St. Louis, Mo. (State)		
24. FUNERAL DIRECTOR J L Ziegenhein & Sons ADDRESS 7027 Gravois			25. DATE RECD. BY LOCAL REG. 12-3 57		26. REGISTRAR'S SIGNATURE Herbert B. Donker M.D.		

(Licensed Embalmer's Statement on Reverse Side)

etc

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 *Donald E. Buz*

Licensed Embalmer No. *486*

P. O. Address *7157 Ave*

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.