

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-027108

STATE FILE NUMBER

2,6361

FILED JUL 17 1959 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4216 Dressell</b>		Length of stay in lb <b>64 yrs.</b>	d. STREET ADDRESS <b>4216 Dressell Ave.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>EDGAR PARK RICHARDSON</b>			4. DATE OF DEATH Month Day Year <b>7 - 2 - 59</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3/14/1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>paint inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ford Motor Co.</b>	9. AGE (In years last birthday) <b>64</b> IF UNDER 1 YEAR Months Days <b>3 18</b> IF UNDER 24 HRS. Hours Min. <b>0 0</b>
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>David Park Richardson</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Hoffman</b>	14. NAME OF HUSBAND OR WIFE <b>Marylee Richardson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-05-4169</b>	17. INFORMANT Address <b>Mrs. Edgar Richardson 4216 Dressell</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>metastatic Carcinoma of Brain</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Bronchogenic Carcinoma, Right</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) <b>1621</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b> <b>10 mo</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <b>March 1959</b> to <b>July 59</b> and last saw her alive on <b>6/6/59</b> Death occurred at <b>1145 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Martin Bergmann MD</b>		22b. ADDRESS <b>4500 Olive St</b>	22c. DATE SIGNED <b>7/3/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>July 6, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>
24. FUNERAL DIRECTOR <b>Alexander &amp; Sons 6175 Delmar Bd.</b>		25. DATE RECD. BY LOCAL REG. <b>Jul 6 59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith. M.D.</b>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B.P.

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 *Joseph E. McCulloch* .....

Licensed Embalmer No. *246* .....

P. O. Address *6175 11th* .....

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.