URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-034232

STATE FILE NUMBER

FILED VS SEP 21 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8233

AMENDED

1. PLACE OF DEATH
a. COUNTY: St Louis City
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Luke's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis 15
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1024 Garth
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LEANDER Middle: Richards Last: Jr.
4. DATE OF DEATH: Month 9 Day 5 Year '59
5. SEX: MALE
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-13-26
9. AGE (last birthday): 33
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-employed (Disabled)
10b. KIND OF BUSINESS OR INDUSTRY: TRUCK DRIVER
11. BIRTHPLACE (City and state or country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY: UNITED STATES
13a. FATHER'S NAME: LEE ANDER Richards
13b. MOTHER'S MAIDEN NAME: BERTHA CONN
14. NAME OF HUSBAND OR WIFE: SHIRLEY Richards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): — — —
16. SOCIAL SECURITY NO.: 497-20-1082
17. INFORMANT: Mrs. Shirley Richards
Address: 1024 Garth Avenue

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): COR PULMONALE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
(b) WITH INTRACEREBRAL BASILAR
(c) HEMORRHAGE (ACUTE)
INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): MALNUTRITION 434.4
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): No INJURY
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 9-1-59 to 9-5-59 and last saw him alive on 9-4-59
Death occurred at 3:00 AM 9-5-59 on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Gerald B. Lee, M.D.
22b. ADDRESS: ST LUKE'S HOSPITAL 5535 DELMAR
22c. DATE SIGNED: 9-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 8 1959
23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri
24. FUNERAL DIRECTOR: Math Hermann & Son, Inc.
ADDRESS: 2161 E. Fair
25. DATE RECD. BY LOCAL REG.: SEP 8 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clement Mc Nem

Signature of Student Embalmer

Licensed Embalmer No. 3732

P. O. Address St. Louis

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