

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 1960

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STATE FILE NUMBER

60-008774

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 Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN LADUE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2015. MCKNIGHT RD
3. NAME OF DECEASED (Type or print) First AGNES Middle DODD Last RICHARDS		4. DATE OF DEATH Month Feb Day 16 Year 1960	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/8/1873
9. AGE (last birthday) 86		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) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME MARCUS DIXON DODD	
13b. MOTHER'S MAIDEN NAME HARRIET BRINGNAM		14. NAME OF HUSBAND OR WIFE THOMAS TILDEN RICHARDS	
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 THOMAS T. RICHARDS JR Address #2 WHITE-GATE LANE LADUE, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Adhesive pericarditis			From 9-29-59
DUE TO (b) Healed subendocardial myocardial infarction			
DUE TO (c) Coronary arteriosclerosis 420.1			Over 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) Arteriosclerosis of the thoracic and abdominal aorta (2) Aneurysm of abdominal aorta			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 Stnoe 2944ears
21. I attended the deceased from 6:50 p.m. 2-16-60		and last saw her alive on 2-16-60	
Death occurred at 6:50 p.m. 2-16-60 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David M. Skilling Jr (Degree or title) M. D.		22b. ADDRESS 18 S. Kingshighway, St Louis	22c. DATE SIGNED 2-17-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/18/60	23c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
24. FUNERAL DIRECTOR C.R. LURTON & SONS ADDRESS 733 DELMAR BLVD		25. DATE RECD. BY LOCAL REG FEB 17 1960	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0961 7 T 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence A. Muir

Licensed Embalmer No. 4011
P. O. Address St. Louis

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.