URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

[redacted]

FILED VS FEB 25 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1675 STATE FILE NUMBER 60-008776

ENDED

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 — Length of stay in 1b: LIFE

c. CITY OR TOWN: ST LOUIS, — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: NEW FAITH HOSPITAL — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 5524 NATURAL BRIDGE AVE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: LAWRENCE Middle: Last: RICHARDSON

4. DATE OF DEATH Month: FEB Day: 11, Year: 1960

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 5/24/1899

9. AGE (last birthday): 60

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): LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): ST LOUIS MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: RUEBEN RICHARDSON

13b. MOTHER'S MAIDEN NAME: MARGARET SCHIEDER

14. NAME OF HUSBAND OR WIFE: ANNIE RICHARDSON

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.: #492-05-9561

17. INFORMANT: ANNIE RICHARDSON Address: 5524 NATURAL BRIDGE

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): Shock — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Recurrent Secondary Hemorrhage from gastric remnant.

DUE TO (c): Subtotal Gastric Resection 540.0 — 5 wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Post operative Pneumonia, Arteriosclerosis generalized

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1952, to Feb 11, 1960 and last saw her/him alive on Feb 11, 1960

Death occurred at 12:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. A. Cassel. (Degree or title): M D.

22b. ADDRESS: 3400 N. Kingshighway

22c. DATE SIGNED: 2/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 2/15/60

23c. NAME OF CEMETERY OR CREMATORY: FRIEDENS CEMETERY

23d. LOCATION (City, town, or county) (State): COUNTY ST LOUIS MISSOURI

24. FUNERAL DIRECTOR: STROOT - CARROLL ADDRESS: 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG.: FEB 13 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Caused: resection for bleeding gastric ulcer

BY AFFIDAVIT OF DOCUMENT

Dr Carrie
Faith Hosp. Office
Kingshighway & Lexington
Ex 5-1050

STATEMENT BY LICENSED EMBALMER

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_____ Signed M W Rueter
Signature of Student Embalmer

Licensed Embalmer No. 4865

P. O. Address St Louis

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