

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 23 1960

-60-021432

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 4572** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		e. STATE Missouri b. COUNTY St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 157 Hillcrest Dr.	
Length of stay in 1b		c. CITY OR TOWN Balwin Missouri.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE Month Day Year		
First JOHN Middle FRANCIS Last RICHARDSON III			OF DEATH April 28, 1960		
5. SEX male	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 12-21-1956	9. AGE (last birthday) 3	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Plainfield, New Jersey	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John F. Richardson		13b. MOTHER'S MAIDEN NAME June Nichols	
14. NAME OF HUSBAND OR WIFE none		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 Mr. John F. Richardson		Address Balwin Missouri. 157 Hillcrest dr.			

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 8 mo.
IMMEDIATE CAUSE (a) Acute Leukemia			
DUE TO (b) _____			
DUE TO (c) _____			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 204.3			

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		COUNTY STATE

21. I attended the deceased from **Aug - 27 - 59** to **4 - 28 - 60** and last saw him alive on **4 - 27 - 60**
 Death occurred at **4:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Lucas H. Davis M.D.</i>	(Degree or title)	22b. ADDRESS 150 N. Meramec St. Louis 5.	22c. DATE SIGNED 4-28-60
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 4-30-1960	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Missouri.
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. APR 29 1960	26. REGISTRAR'S SIGNATURE <i>Roald Smith M.D.</i> S.P.

DOCUMENT

MEDICAL CERTIFICATION

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence A. M...

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.