URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-044540
STATE FILE NUMBER

FILED VS DEC 12 1960

ENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 03555

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brentwood CLAYTON Length of stay in 1b ~~HRS~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Brentwood Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1412 Withrow Ave. (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EARL Middle L. Last RICHARDSON
4. DATE OF DEATH Month 12 Day 6 Year 1960
5. SEX Male
6. COLOR OR RACE Col.
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 10-21-91
9. AGE (last birthday) 69 years 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) Custodian
10b. KIND OF BUSINESS OR INDUSTRY Brentwood Post Office
11. BIRTHPLACE (City and state or country) Hinds Co. Miss.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Romeo Richardson
13b. MOTHER'S MAIDEN NAME Dora Collins
14. NAME OF HUSBAND OR WIFE –
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. 435-05-6773
17. INFORMANT Crayton Richardson Address 1508 Withrow Av.

MEDICAL CERTIFICATION

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)	Cardiac Tamponade	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Rupture of ascending aorta	1 hr
DUE TO (c)	Dissecting aortic aneurysm	5 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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.)
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 12-6-1960 to 12-6-1960 and last saw ~~her~~ him alive on 12-6-1960
Death occurred at 9 55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert L. Hawe M.D. (Degree or title)
22b. ADDRESS 601 S. Brentwood Blvd.
22c. DATE SIGNED 12/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-13-1960
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR Riley Undertakers ADDRESS 3759 Finney Ave.
25. DATE RECD. BY LOCAL REG. 12-8-60
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

FEB 16 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lawrence B Woodson

Licensed Embalmer No. 4341

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.