

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-039654

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2881

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

**FILED OCT 26 1961**

1. PLACE OF DEATH  
 a. COUNTY Saint Louis  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Normandy Length of stay in 1b 17 days  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Saint Louis  
 c. CITY OR TOWN Saint Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2309 So. Jefferson Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Andrew Middle James Last Richardson 4. DATE OF DEATH Month Oct. Day 13, Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8-10-1876 9. AGE (last birthday) 85 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 Retired 11. BIRTHPLACE (City and state or country) Emminence, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME \_\_\_\_\_ 13b. MOTHER'S MAIDEN NAME \_\_\_\_\_ 14. NAME OF HUSBAND OR WIFE Allie (Deceased)

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. No 17. INFORMANT Floyd Hill, 2309a S. Jefferson Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Medullary failure  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebrovascular accident  
 DUE TO (c) Arterial fibrillation  
 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 1959 to 10/13/61 and last saw <sup>her</sup>him alive on 10/12/61  
 Death occurred at 7:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Deed or title) E. F. Leahy M.D. 22b. ADDRESS 800 Lafayette 22c. DATE SIGNED 10/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/16/61 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus 23d. LOCATION (City, town, or county) St. Louis Co., Mo.

24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette (4) ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 10-13-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Chapman  
Licensed Embalmer No. 4550  
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.