

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023322

STATE FILE NUMBER

FILED JUL 2 1959 Registration District No. Primary Registration District No. 2 5953

300
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591
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>7</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>625 SoSkinker</u>		Length of stay in lb <u>70yrs</u>	d. STREET ADDRESS (If outside, give location) <u>625 SoSkinker</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ERNEST</u> Middle <u>HERBERT</u> Last <u>RICHARDSON</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1959</u>
5. SEX <u>M</u> <u>O</u> <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 6, 1870</u>
9. AGE (In years last birthday) <u>89yrs</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chairman of Board</u>	11. BIRTHPLACE (City and state or country) <u>Cinderford, England</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Frieda J Richardson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs. Ernest H Richardson 625 SoSkinker</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Uremia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> <u>6 months</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>ITEM 14 CORRECTED</u> <u>BY AFFIDAVIT OF Funeral Director</u> <u>7-7-59</u>		
20c. TIME OF INJURY Hour <u>7:00</u> Month, Day, Year <u>7-7-59</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>April 1957</u> to <u>June 22, 1959</u> and last saw him alive on <u>June 22, 1959</u> Death occurred at <u>1:15 pm 6/22/59</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William D. Blalock, M.D.</u>		22b. ADDRESS <u>St. Louis, Mo</u> <u>114 N. Taylor Ave</u>	
22c. DATE SIGNED <u>6/23/59</u>		23. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>June 25, 1959</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons 6175 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 23 '59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Pearl Smith, M.D.</u>

H

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 E. McCulloch*

Licensed Embalmer No. *2960*
P. O. Address *6155 Dilm*

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.