MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. (11)

10691 ~~X~~

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 1323 N. Taylor St. ..... Ward)

File No. .....

Registered No. 2470

2. FULL NAME Harry Richards

(a) Residence. No. 1323 N. Taylor Ave St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Richards.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 - 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	10	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stove Moulder.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Ills
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frank Richards.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Laura Coddington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ills.

14. INFORMANT Maggie Richards.
(Address) 1323 N. Taylor Ave

15. FILED ..... 19..... Max C Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 - 19 28

17. I HEREBY CERTIFY, That I attended deceased from 2/15/28, 19..., to 3/3/28, 19..., that I last saw h. ~~m~~ alive on 3/3/28, 19..., and that death occurred, on the date stated above, at 6 05 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Alcoholic Cirrhosis of liver
12 A B
12 G B

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chr. Cirrhosis of liver

(duration) 5 yrs. ..... mos. ..... ds.

1220

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) Geo W Hennigan M. D

3/5/28 19 (Address) 3532 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Friedens	Mar 6 19 28
20. UNDERTAKER	**ADDRESS**
Hy Leidner Und Co	1417 N. Market Se

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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