

MAY 10 1939

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

13031  
Do not use this space.

791  
1003

Registered No. 3373

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City, St. Louis, Mo. (d) Street No. 4346 Arco ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jesse Richardson

(a) Residence, No. 4346 Arco ..... St. 18 .....  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 8 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Barber  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Anna /  
(STATE OR COUNTRY) Illinois /

FATHER 13. NAME Frances Richardson /

14. BIRTHPLACE (CITY OR TOWN) Tenn. /  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Bracken

16. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

17. INFORMANT Lulu Richardson  
(ADDRESS) 4346 Arco

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE 4/12/39 19.

20. FUNERAL DIRECTOR (NAME) Edith E. Ambruster  
(ADDRESS) 4234 Manchester

20. FILED APR 11 1939 J.F. Brudick  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/9/39 1939

22. HEREBY CERTIFY, That I attended deceased from July 18, 1938, to Apr 9, 1939.  
I last saw him alive on Apr 9, 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset Apr 18-36  
Valvular heart disease (Specified 1937)

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) W. Anton Hall / M. D.  
(Address) 1625 Iron Street

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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**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.....

..... Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Flora Eynok* .....

Licensed Embalmer No. *1284* .....

P. O. Address *St Louis Mo* .....

**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 this body is not embalmed, above space should be left blank.**