

REC'D AUG 17 1939

791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town ST LOUIS, MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Luke's Hos. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 (Specify whether

In this community _____
years, months or days 2633. (a) PRINT FULL NAME CHARLES F. RICHARDSON3. (b) If veteran, name war no 3. (c) Social Security No. none4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MARRIA STEVENS 6. (c) Age of husband or wife if alive 74 years7. Birth date of deceased Nov 8 1862
(Month) (Day) (Year)8. AGE: Years 76 Months 8 Days 9 If less than one day _____ hr. _____ min.9. Birthplace WATERFORD V.A.
(City, town, or county) (State or foreign country)10. Usual occupation PRES. WEST KENTUCKY COAL. CO.

11. Industry or business _____

12. Name CHAS. P. RICHARDSON13. Birthplace N.H.
(City, town, or county) (State or foreign country)14. Maiden name MATE MOORE
(City, town, or county) (State or foreign country)15. Birthplace N.H.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Maria Richardson(b) Address #4 NO KINGSHIGHWAY BLVD.17. (a) REMOVAL (b) Date thereof JULY 18 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation STURGIS KY.18. (a) Signature of funeral director J.M. Miller
(b) Address 5765 Delmar Blvd.19. (a) JUL 18 1939 (b) J.F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
 (c) City or town ST LOUIS 12
 (If outside city or town limits, write "RURAL")
 (d) Street No. #4 NO KINGSHIGHWAY BLVD
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1939 hour 5:30 P.M. minute _____ M.21. I hereby certify that I attended the deceased from April 13, 1931, to July 17, 1939;
that I last saw him alive on July 17, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral haemorrhage Duration 1 week

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(*) Means of injury _____28. Signature K.F. Slagle (M. D. or Pharm. D.)Address 3720 Washington Blvd. Date signed 7/18/39

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 John Stetter
Licensed Embalmer No. 3880
P. O. Address.....

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.