DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41298

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 10421

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital (Specify whether

In this community Six days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Clayton ~~St. Louis~~ NR (If outside city or town limits, write "RURAL")

(d) Street No. 716 South Hanley Road (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME DARIUS PEARLEY RICHARDS 263

3. (b) If veteran, name war

3. (c) Social Security No. 489-01-4992

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 30, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	4	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation President

11. Industry or business Maschmeyer-Richards S.Co

FATHER
12. Name D.P.Richards
13. Birthplace Manchester (City, town, or county) New Hampshire (State or foreign country)

MOTHER
14. Maiden name Sophie Schissler
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Ralph C. Richards

(b) Address 8205 Garfield Ave.

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1939. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Charles J Kron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) DEC 5 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1939 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from November 29, 1939, to December 4, 1939; that I last saw him alive on December 4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Widespread metastases from carcinoma of colon (splenic flexure)

Due to Carcinoma of colon (splenic flexure)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma colon

Of autopsy No autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alex Mueller MD (M. D. or other)

Address BARNES HOSPITAL Date signed 12/4/39

(Licensed Embalmer's Statement on Reverse Side)

7 RB

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.

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 Thomas R. Kinnick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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