S. No. 2
—11-10-39
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 829

Registration District No. 791 FILED FEB 17 1940 Primary Registration District No. 1003 Registrar's No. 829

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital 1 (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 25 (If outside city or town limits, write "RURAL")

(d) Street No. 104 So 4th St (If rural, give location)

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

3. (a) PRINT FULL NAME Durgold Richards

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE Years 58 Months Days If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country)

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

16. (a) Informant Police Dept. Cent Dist

(b) Address 1200 Clark

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Peets Bros L & U Co

(b) Address 3029 Lafayette

19. (a) JAN 27 1940 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19 year 1939 hour 4 minute 20 A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Depressed Fracture of Skull Extra Dural Haemorrhage of Brain, suffered in same Unknown manner

Due to

Due to or about Dec. 18-1939 Exact Time Unknown

Other conditions Cause and manner (Include pregnancy within 3 months of death) Could not be Determined

Major findings: Of operations Open Verdict

Of 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) Open Verdict

(b) Date of occurrence about 12/18/39

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lucian (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.