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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27097

F-5580  
Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 6993

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

1. PLACE OF DEATH:  
(a) County: Missouri  
(b) City or town: St. Louis,  
(c) Name of hospital or institution: St. Louis City Hospital  
(d) Length of stay: In hospital or institution 18 Days  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME: Joseph Richards  
(b) If veteran, name war: UNKNOWN  
(c) Social Security No.: UNKNOWN

4. Sex: M 5. Color or race: W  
6. (a) Single, widowed, married, divorced: S  
6. (b) Name of husband or wife: \_\_\_\_\_  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: MAR 21 - 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation: BRICK LA

11. Industry or business: unemployed

MOTHER FATHER { 12. Name: unknown  
13. Birthplace: UNKNOWN  
14. Maiden name: unknown  
15. Birthplace: UNKNOWN

16. (a) Informant: David Van Jordan  
(b) Address: 1515 Lafayette

17. (a) BURIAL (b) Date that of: 8-19-40  
(c) Place: burial or cremation: CALVARY

18. (a) Signature of funeral director: Bullen & Kelly  
(b) Address: 1416 N. Taylor ave

19. (a) AUG 19 1940 (b) \_\_\_\_\_  
(Date received by local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: \_\_\_\_\_  
(c) City or town: St. Louis, 22  
(d) Street No.: 746 S. 4TH STR  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 13,  
year 1940 hour 1:00 minute 50 A.M.  
21. I hereby certify that I attended the deceased from July 26,  
1940, to August 13, 1940,  
that I last saw him alive on August 13, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Carcinoma of  
LEVER and Gall Bladder 9mo.  
primary site unknown  
Due to: Obstructive jaundice  
Due to: gastro ulcer  
Other conditions: arteriosclerosis  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: as above

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): no  
(b) Date of occurrence: no  
(c) Where did injury occur? no  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
844  
While at work: \_\_\_\_\_ (Specify type of place)  
(e) Means of injury: \_\_\_\_\_  
23. Signature: Samuel Wallace J (M. D. or other)  
Address: 1515 Lafayette Date signed: 8/19/40

**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 \_\_\_\_\_

*myself*  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *Raymond E. Gehrke*  
*City License 281*  
Licensed Embalmer No. *3985*  
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.**