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No. 2
1-4-41
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9227

Registration District No. 791

Primary Registration District No.

Registrar's No. 2637

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mos. 3 Days
(Specify whether _____)
In this community 7 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25
(c) City or town St. Louis 080
(If outside city or town limits, write "RURAL")
(d) Street No. Lafayette Hotel (6th and Chestnut) 17
(If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Norman Richardson

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male (1) 5. Color or race White
Sue 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 18, 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace Unknown / New Jersey
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Unknown

12. Name Warford Richardson

13. Birthplace Philadelphia / _____
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Unknown

15. Birthplace New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital #1

17. (a) _____ (b) Date of death 3/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentworth

18. (a) Signature of funeral director W. R. Ruff

(b) Address 3400 Rutledge

19. MAR 25 1941 (b) J. W. Breder
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8,
year 1941 hour 10:15 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from December
5, 1940 to March 8, 1941;
that I last saw him alive on March 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis And Cystitis, Catarrhal Duration _____

Due to Bladder And Urethral Calculi

Due to _____
Other conditions 1940
(Include pregnancy within 3 months of death)

Major findings: Bladder & Urethral Calculi
Of operations _____

Of autopsy To Anatomical Board
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature J. McDonald (M. D. or other) _____

Address 1515 Lafayette Avenue, Date signed 3/10/41

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

MOTHER FATHER

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, fact should be so stated above.