

FILED MAY 13 1941

Registration District No. **791**

Primary Registration District No. **1003**

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:
Luthern Hospital
(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 **Missouri** (b) County **00016**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **3235 Hartford St.**
(If rural, give location) **9**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **April** day **14th**
year **1941** hour **10** minute..... P. M.

21. I hereby certify that I attended the deceased from
11/1 19**34** to **4/14** 19**41**
that I last saw him **in** alive on **4/14** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrosia of Liver**
Duration **56 hrs**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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 **Ernest Brider** (M. D. ~~.....~~)
Address **7301 S. Kingshighway** Date signed **4/15/41**

3. (a) PRINT FULL NAME **William Charles Richardson**

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

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

6. (b) Name of husband or wife **Julia M.** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Sept. 18 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 **6** **26** hr. min.

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

10. Usual occupation **Shoe Findings Salesman**

11. Industry or business.....

12. Name **Herbert Richardson**

13. Birthplace **Marlborough Mass.**
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie Delory**

15. Birthplace **Marlborough Mass.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Julia Richardson**

(b) Address **3235 Hartford St.**

17. (a) **Removal** (b) Date thereof **4/16/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lynn, Mass.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **APP 15 1941** (b) **J. T. Brider**
(Date received local registrar) (Registrar's signature)

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

West. J. W. [Signature]
Licensed Embalmer No. 1861

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.