

Registration District No. 791

Primary Registration District No. 1045

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: N. E. Corner 3 Grand and Chouteau
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Route City Hospital (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 805 W. Rose Hill (If rural, write location) Map
(e) Citizen of foreign country? No Attending Physician (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Frank Richards

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-18-3184

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

6. (b) Name of husband or wife Minnie Richards 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 25 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Sick leave from railroad

11. Industry or business Railroad office clerk

12. Name John Richards

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Julia Mathilda

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

16. (a) Informant Mrs Minnie Richards

(b) Address 805 W. Rose Hill, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 8-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Symet Hill Burial Park

18. (a) Signature of funeral director Wm. H. Boyd, Inc.
(b) Address 131 W. Pine St. St. Louis, Mo.

19. (a) AUG 27 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1941 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Coronary Sclerosis
Due to Cardiomyopathy

Due to _____

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

Major findings: Of operations _____
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) _____

(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 _____

23. Signature Alfred Perry (M. D. or other) 3
Address Central Ave Date signed 8/27/41

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

MOTHER FATHER

R

00
17
9

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.....

Louis H Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H Bopp

Licensed Embalmer No. *921*

P. O. Address *Kirkwood*

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.