

FILLED DEC 1 1941

Registration District No. **789**

Primary Registration District No. **200**

Registrar's No. **2346**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston 096
(If outside city or town limits, write "RURAL")
(d) Street No. 7870 St. Charles
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME SARAH W. RICHARDSON

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Robert Richardson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year) UNKNOWN

8. AGE: Years About 87 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Cent. Mo. (State or foreign country)

10. Usual occupation ML

11. Industry or business _____

MOTHER FATHER { 12. Name Woodruff

13. Birthplace _____ (City, town, or county) Cent. Mo. (State or foreign country)

14. Maiden name ML

15. Birthplace _____ (City, town, or county) Cent. Mo. (State or foreign country)

16. (a) Informant Orville Suttler

(b) Address Clayton Mo.

17. (a) Cent. Mo. (b) Date thereof 11-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Louis J. Bopp, Jr.

(b) Address Cent. Mo.

19. (a) NOV 21 1941 (Date received local registrar) (b) C. H. McFarland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from October 15 1940 to Nov. 15th 1941; that I last saw her alive on Nov. 14th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 1 yr. + 6 wks.
Due to arteriosclerosis 1 yr. + 6 wks.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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 H. G. Colman (M. D. or other) 0

Address Pattonville Mo. Date signed Nov. 16, 41

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

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.....

John M. Meyer

Licensed Embalmer No..... *3288*

P. O. Address..... *Kirkwood, 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, fact should be so stated above.