

S. No. 2
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5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4855

State File No. _____

1642

FILED MAR 17 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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:
St. Louis Childrens Hospital D
(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 Illinois (b) County NTR
(c) City or town Cairo
(If outside city or town limits, write "RURAL")
(d) Street No. 419 Tenth st.
(If rural, give location) no
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Howard Eugene Richmond

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased February 26 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 11 25 hr. min.

9. Birthplace Cairo Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Hubert Richmond
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lena Mae Stult?
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Richmond

(b) Address 419 Tenth St. Cairo, Ill.

17. (a) Removal (b) Date thereof Feb. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cairo Illinois

18. (a) Signature of funeral director C. Hoffmeister
(b) Address 7814 S. Broadway

19. (a) FEB 23 1942 (b) J. T. Brudeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st
year 1942 hour 4:45 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from September 29
1941 to Feb. 21 1942

that I last saw him alive on Feb 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration _____

Staphylococcus Septic, pyelitis totalis
Due to malnutrition

Due to Congenital malformation of nasopharynx

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

Major findings: Ceastrostomy PHYSICIAN _____
Of operations _____

Of autopsy As above
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 D

23. Signature Thomas Black / M.D. (M. D. or other) _____
Address St. Louis Childrens Hosp. Date signed 2/21/42

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 *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

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.