S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

Registration District No. 218

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35823

Registrar's No. 9995

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: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000 12 79

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5774 Goodfellow
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Leslie Walter Richards

3. (b) If veteran, name war none

3. (c) Social Security No. 489-03-1755

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ellen C. Richards

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August (Month) 27 (Day) 1884 (Year)

8. AGE: Years 58 Months 3 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) England 4 (State or foreign country)

10. Usual occupation Special Engineer

11. Industry or business St. Louis Car Co.

FATHER
12. Name George Richards
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Martha Flack.
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. Ellen C. Richards.
(b) Address 5774 Goodfellow, Ave.,

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cremation

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar, Blvd.

19. (a) NOV 30 1942 (Date received local registrar) J. F. Bierbeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 year 1942 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from October 11, 1942 19 to November 29, 1942; that I last saw him alive on November 29 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia — Duration

Colostomy Operation 1-22-41

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F.R Bradley (M. D. or Coroner)

Address BARNES HOSPITAL Date signed 11-29-42

(Licensed Embalmer's Statement on Reverse Side)

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City-

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.