S. No. 2
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5-17-42
P-15-X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11511

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 669

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

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. Feb. 14, 1943. (Specify whether years, months or days)
In this community: Since 2/14/1943.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: Fayette
(If outside city or town limits, write "RURAL")
(d) Street No.: 409 Vine Street
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Thomas C. Richards

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: February (Month) 5, (Day) 1865 (Year)

8. AGE: Years 78 Months 1 Days 15 If less than one day hr. min.

9. Birthplace: Howard County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Physician.

11. Industry or business:

FATHER
12. Name: Thomas Richards
13. Birthplace: (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Sarah Thompson
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: March 21, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Glasgow, Missouri

18. (a) Signature of funeral director: C. Hoffmeister U.&L.Co.
(b) Address: 7814 S. Broadway

19. (a) 3-23-43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th, year 1943 hour 7:05 minute A. M.

21. I hereby certify that I attended the deceased from February 14, 1943 to March 20, 1943 that I last saw him alive on March 20, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL HEMORRHAGE. — Duration: About 2½ hrs.

Due to

Due to: Arteriosclerosis, general, including cerebral arteriosclerosis. — Duration: Unknown

Due to

Other conditions (Include pregnancy within 3 months of death): Hypertension, arterial, systemic. — Duration: Unknown

Major findings: Of operations: No operation.

Of autopsy: No 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): no
(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: Means of injury:

23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer. Date signed: 3/20/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1944

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

Lawrence C. Hoffmeister Registered Apprentice No.

working under my personal supervision.

Signed L. 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.