

FILED NOV 7 1946 318

Registration District No. Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bethesda General
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Susan Elizabeth 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..... 0

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

7. Birth date of deceased: 10 (Month) 27 (Day) 46 (Year)

8. AGE: Years Months Days If less than one day

0 0 22 11 hr. — min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER, FATHER { 12. Name Lawrence Richardson

13. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Anna E. Ertel

15. Birthplace Wm. Co., Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lawrence Richardson

(b) Address 2840 E Park Av

17. (a) BURIAL (b) Date thereof Oct. 29 46
(Burial, cremation, or exposure) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director E. J. Schuur

(b) Address 3125 Lafayette Av

19. (a) OCT 29 1946 (Date received local registrar) J. F. Bredeen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 23

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

(d) Street No. 2840 E Park Ave
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1946 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct 27, 1946 to Oct 28, 1946 that I last saw him alive on Oct 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity - 5 mo. gestation

Due to.....

Due to.....

Other conditions: 151
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: —

Of operations.....

Of autopsy.....

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 George D. Mohr (M. D. or other) MD

Address Bethesda General Hosp Date signed 10-28-46

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.

No Embalming

Signed..... *Jose B. Vallone*

Licensed Embalmer No. *2614*

P. O. Address *Harris H. 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.