

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30225

FILED JAN 28 1947

State File No. 153
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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: City Hospital #10
(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 Missouri (b) County St. Louis Co.
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 937 1/2 Hickory St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer J. Richards
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 3
year 1947 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frances E. Richards 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April 6 1903
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Due to Coronary Sclerosis
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 43 Months 8 Days 27 If less than one day _____ hr. _____ min.
9. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Machinist

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? _____
While at work? _____ (Specify type of place) (e) Means of injury ?

MOTHER FATHER
11. Industry or business None
12. Name Joseph Richards
13. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Richards
15. Birthplace Potosi Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Frances Richards
(b) Address 937 1/2 Hickory St. St. Louis
17. (a) Burial (b) Date thereof 1-6-37
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Potosi Mo.
18. (a) Signature of funeral director Mr. Luther Sparks
(b) Address Potosi Mo.
19. (a) JAN 7 1947 (b) J. F. Brasseck
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Alfred J. Barry (M. D. or other)
Address Deputy Coroner Date signed 1-4-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.