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3908

FILED SEP 1 1948

Registration District No. 340

Primary Registration District No. 3058

Registrar's No. 171

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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:  
enroute to St. Joseph Hospital  
(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

3: (a) PRINT FULL NAME Catherine Ann Richards

3. (b) If veteran, name war World War 2

3. (c) Social Security No. 495-22-2702

4. Sex Female 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 alive \_\_\_\_\_ years

7. Birth date of deceased July 31 1925  
(Month) (Day) (Year)

8. AGE: Years 23 Months 1 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Secretary at time of death

11. Industry or business Boyd-Richardson Co- Washington U.

12. Name Clifford Richards

13. Birthplace Washington County, Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Leola Merker

15. Birthplace Washington County, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Richards

(b) Address Beaucoup, Illinois

17. (a) removal (b) Date thereof Aug 23-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Illinois

18. (a) Signature of funeral director. H.C. Dallmeyer & Son

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) Aug 26 1948 (Date received by local registrar)

Francis Hammett (Registrar's signature) 21011

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5162 Cabanne Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1948 hour 6:30 minute \_\_\_\_\_ A.M.

21. I hereby certify that ~~XXXXXXXXXXXX~~ held inquest AUG. 24, 1948, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death gunshot wound

Due to accident

Due to \_\_\_\_\_

Underlying conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 184

Of operations \_\_\_\_\_

Of autopsy none in

Duration

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) accident

(b) Date of occurrence Aug. 23, 1948 150

(c) Where did injury occur? Mo. River-St. Chas. Cty.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? no (Specify type of place) (e) Means of injury gunshot wound

Signature Minie M. ... Address W. ... Date signed 8-24-48

Date Filed AUG 30 1948

District File Number \_\_\_\_\_

District Health Officer No. 9,

RECEIVED

OCT 16 1948

SEP 2 1948

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

*Joseph I. Landolt*

Licensed Embalmer No. 4189

P. O. Address St. Charles Ill.

**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.**