

FILED AUG 16 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27935

Registrar's No. 12

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Dardenne Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2119</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>slough Dardenne Creek</u>		d. STREET ADDRESS (If rural, give location) <u>4027 St. Ferdinand</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>E</u>	c. (Last) <u>RICHARDSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 11 1950</u>
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5. SEX <u>Male</u> <u>7</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>	8. DATE OF BIRTH <u>July 8 1901</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 Hrs. Hours _____	IF UNDER 1 Min. Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Henry Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Richardson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Richardson</u> ADDRESS <u>4027 St. Ferdinand St. St. Louis, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>89298</u> <u>42</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental drowning</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>slough, Dard. Creek</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dardenne Twp. St. Charles, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>held inquest</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Aug. 12, 1950, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marie Muehler, 3rd Crown</u>	23b. ADDRESS <u>Wentzville Mo.</u>	23c. DATE SIGNED <u>8-12-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 12-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 12-1950</u>	REGISTRAR'S SIGNATURE <u>Ed. Keithley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>3644 Parkway</u> ADDRESS <u>St. Louis</u>
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 14 1950

RECEIVED

MS AUG 29 1950

AUG 17 1950

**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 \_\_\_\_\_

*No Embalming*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

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.