

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6567

Registrar's No. 1703

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No. <u>1703</u>			
1. PLACE OF DEATH a. COUNTY _____				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 OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (In this place) <u>31 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>				<u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				A. STREET ADDRESS (If rural, give location) <u>4281 W Easton</u>				<u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>Bertha</u>			a. (First)		b. (Middle)		c. (Last) <u>Richards</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 28, 1894</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____		IF UNDER 1 YEAR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>William Arrington</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Carter</u>			14. NAME OF HUSBAND OR WIFE <u>Eli Richards, 4281 W Easton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Eli Richards 4281 W Easton</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H H X</u>					
22. I hereby certify that I attended the deceased from <u>2-18</u> , 19 <u>51</u> , to <u>2-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-20</u> , 19 <u>51</u> , and that death occurred at <u>5:20am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Alvin J. Thompson, M.D.</u>				23b. ADDRESS <u>2601 N Whittier St.</u>			23c. DATE SIGNED <u>2-20-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wenwood Oak</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>			
DATE REC'D BY LOCAL REG. <u>FEB 21 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>			25. JEWELER DIRECTOR'S SIGNATURE ADDRESS <u>F. G. Allen 4214 Delmar</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

*Christal E. Lewis*

Student Embalmer No. *408*

working under my personal supervision.

Student *Christal E. Lewis*  
Student Embalmer

Signed *F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4714 Selma*

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.