S. No. 300
Rev. 10-48

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26256

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6001

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MO
c. LENGTH OF STAY (In this place): 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROCK HILL 4631
d. STREET ADDRESS (If rural, give location): 9386 GOLDEN GATE DR

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) C c. (Last) RICHARD
4. DATE OF DEATH (Month) (Day) (Year): June 24, 1952
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Aug 24, 1867
9. AGE (In years last birthday): 87
If under 1 year: Months: 10 Days: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MILL HAND
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: CONSTANTINE-RICHARD
13b. MOTHER'S MAIDEN NAME: Josephine-Le Fluer
14. NAME OF HUSBAND OR WIFE: Joe-Richard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: H-J. NEHLS-9386 Golden Gate DR

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial pneumonia — 6 days
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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from June 18, 1952, to June 24, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 9:35 p m., from the causes and on the date stated above.

23a. SIGNATURE: John A. Carner (Degree or title) MD
23b. ADDRESS: 462 N. Taylor, St. Louis Mo
23c. DATE SIGNED: 6-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 6-27-52
24c. NAME OF CEMETERY OR CREMATORY: St Genevieve CEM
24d. LOCATION (City, town, or county) (State): St. Genevieve MO

DATE REC'D BY LOCAL REGISTRAR: JUN 26 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: JAY B. SMITH 7456 MANCHESTER MAPLEWOOD - MO.
(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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed H E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.