

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6716

State File No. ....

FILED MAR 4 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1338

BIRTH NO.

|  |                           |  |                                   |   |   |
|--|---------------------------|--|-----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY   |                                   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis  |                           | c. LENGTH OF STAY (In this place)<br>2 1/2 Years   |                                   | c. CITY OR TOWN St. Louis   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>D. O. A. City Hospital #1   |                           | e. STREET ADDRESS (If rural, give location)<br>26 4015 N. 9th St.  |                                   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>Joseph Edwin Richardson   |                           | a. (First) b. (Middle) c. (Last)   |                                   | 4. DATE OF DEATH (Month) (Day) (Year)<br>Feb. 10 1954                               |   |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  | 8. DATE OF BIRTH<br>Jan. 23, 1905 | 9. AGE (In years last birthday)<br>49   | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Machinist   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Glass Company   |                                   | 11. BIRTHPLACE (City and State or Foreign Country)<br>Cherryville, Kansas           |   |
| 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.   |                           | 13a. FATHER'S NAME<br>George Richardson  |                                   | 13b. MOTHER'S MAIDEN NAME<br>Mary Rice  |   |
| 14. NAME OF HUSBAND OR WIFE<br>Helen Richardson  |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>No  |                                   | 16. SOCIAL SECURITY NO.<br>495-12-6133  |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Helen Richardson  |                           | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Coronary Occlusion<br>ANTECEDENT CAUSES DUE TO (b) 2. Coronary sclerosis<br>DUE TO (c) 3. Bronchial asthma<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                   | 19. INTERVAL BETWEEN ONSET AND DEATH  |   |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION   |                                   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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) m.   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                   | 21f. HOW DID INJURY OCCUR?<br>4201  |   |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:58 p.m., from the causes and on the date stated above. |                           |  |                                   |   |   |
| 23a. SIGNATURE<br>Patrick E. Gaylor Coroner  |                           | 23b. ADDRESS<br>1300 Clark   |                                   | 23c. DATE SIGNED<br>2.11.54   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                           | 24b. DATE<br>Feb. 13, 1954   |                                   | 24c. NAME OF CEMETERY OR CREMATORY<br>Bellefontaine Cemetery                        |   |
| 24d. LOCATION (City, town, or county) (State)<br>St. Louis, Missouri   |                           | 24e. DATE REC'D BY LOCAL REG.<br>FEB 11 1954   |                                   | 24f. REGISTRAR'S SIGNATURE<br>J. Carl Smith   |   |
| 24g. FEDERAL DIRECTOR'S SIGNATURE<br>W. H. ...   |                           | 24h. ADDRESS<br>3934 N. 20th   |                                   | 24i. (Licensed Embalmer's Statement on Reverse Side)                                |   |

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

10-800  
10-48

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.....  
Signature of Student Embalmer

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is, not embalmed, fact should be so stated above.