

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7375**

FILED FEB 18 1954
BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **174**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. L.	
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. LENGTH OF STAY (in this place) 8 mos.	c. CITY OR TOWN Normandy 414
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 5339 Lucas Hunt Rd.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS		(If rural, give location) 5339 Lucas Hunt Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) AUGUSTA b. (Middle) (Hoffman) c. (Last) Richardson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1954		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 7, 1860	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME August Hoffman	13b. MOTHER'S MAIDEN NAME Elizabeth Linhoff	14. NAME OF HUSBAND OR WIFE David P. Richardson
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Leonora Richardson, 5339 Lucas H	ADDRESS 5339 Lucas H
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene Scars of right foot		3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis of Arteries DUE TO (c) Thrombosis of Artery		3 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis		1 1/2 year	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from **Oct 14, 1953** to **Jan 18, 1954**, that I last saw the deceased alive on **Jan 18, 1954**, and that death occurred at **6-10 PM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Louis W. Terrell M.D.	23b. ADDRESS 1303 N. Kingsley Hwy	23c. DATE SIGNED Jan 19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) DECEASED	24b. DATE Jan. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 1/19/54	REGISTRAR'S SIGNATURE Heber B. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc.	ADDRESS 6175 Delmar
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Lewis M. Temm
1303 N. Kingshighway Blvd.

1303 Kings

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 *Jos. E. McCullon*.....

Licensed Embalmer No. 246

P. O. Address 6175 D

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.