

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

39163

State File No. _____

FILED NOV 22 1954

9244

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

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN Belridge | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. De Paul Hospital | | e. STREET ADDRESS (If rural, give location) 8718 Natural Bridge Blvd. | |

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|---|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) RICHARD | b. (Middle) CLARENCE | c. (Last) RICHARDSON | October 9, 1954. | | |
| 5. SEX Male <input checked="" type="radio"/> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 25, 1883 | | 9. AGE (In years last birthday) 70 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Sheet Metal | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Michael Richardson | 13b. MOTHER'S MAIDEN NAME Katherine (Unknown) | 14. NAME OF HUSBAND OR WIFE Bertha A. Richardson |
| 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. Unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bertha A. Richardson, 8718 Natural Bridge |

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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, asthenia, 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) Carcinoma of recto-sigmoid | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION 9/25/54 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma recto sigmoid region | 20. AUTOPSY? YES <input 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) 154X |
| 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? |

22. I hereby certify that I attended the deceased from 9/23/54, 19__ to 10/9/54, 19__, that I last saw the deceased alive on 10/9, 1954, and that death occurred at 11:30 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE X. Albert J. Renetto | (Degree or title) MD | 23b. ADDRESS 4952 Maryland | 23c. DATE SIGNED 10/11/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 10/13/54. | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |

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| DATE REC'D BY LOCAL REG. OCT 13 1954 | REGISTRAR'S SIGNATURE X. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Fentz, 4828 Natural Bridge Blvd. |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
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..... *Rueph E. Jandrew*

Licensed Embalmer No. *4275*

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.