

FILED DEC 17 1954

STANDARD CERTIFICATE OF DEATH

42741  
State File No. 11208

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11208

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>	c. LENGTH OF STAY (in this place) <u>10 DA.</u>	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIRMIN DESLOE Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>2207 S. 39TH. ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bettie</u> b. (Middle) _____ c. (Last) <u>Richardson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 13, 1884</u>
9. AGE (In years last birthday) <u>70</u>	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) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>MEMPHIS TENN.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>UNK.</u>	13b. MOTHER'S MAIDEN NAME <u>UNK.</u>	14. NAME OF HUSBAND OR WIFE <u>UNK.</u>	
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDW. LIPPERT JR. HILLSBORO Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>8 1/2</u> <u>2 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)
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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>331X</u>
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22. I hereby certify that I attended the deceased from 11-26-54 to 12-6-54, that I last saw the deceased alive on 12-6-54, and that death occurred at 9 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Coland A. Triska M.D.</u>	23b. ADDRESS <u>1325 So. Grand</u>	23c. DATE SIGNED <u>Dec 6 '54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>DEC. 9 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HILLSBORO</u>	24d. LOCATION (City, town, or county) (State) <u>HILLSBORO Mo</u>
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DATE REC'D BY LOCAL REG. <u>DEC 9 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. B. DeSoto Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Donald B. Dietrich* .....

Licensed Embalmer No... *410* .....

P. O. Address *De Soto* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.