

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10/48

FILED FEB 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 40

4001  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Groves</u> 4607	
c. LENGTH OF STAY (In this place) <u>2 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>126 Gray Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moll Nursing Home</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>FERRY</u> c. (Last) <u>RICHARDS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-1955</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>10-7-1866</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never employed</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield Mass</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>William K Richards</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Coffran</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.C. Richards</u>	ADDRESS <u>126 Gray Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 yrs</u> <u>4-6 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca. Prostate</u> 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 <input type="checkbox"/> NO <input checked="" 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) <u>177X</u>
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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? _____
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22. I hereby certify that I attended the deceased from 11/25, 1954, to 1-8, 1955, that I last saw the deceased alive on 11/28, 1954, and that death occurred at 10<sup>am</sup> m., from the causes and on the date stated above.

23a. SIGNATURE <u>Otto Mickelson</u> (Degree or title) _____	23b. ADDRESS <u>Mo Union Club Bldg</u>	23c. DATE SIGNED <u>1/9/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-11-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-55</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Donke</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Arthur F. Home</u>	ADDRESS <u>Webster Groves Mo.</u>
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520

(Licensed Embalmer's Statement on Reverse Side)

mo.

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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 embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Whispering Groves*

**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.