

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28088

State File No. ....

FILED SEP 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7398

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Claridge Hotel 18th & Locust		e. STREET ADDRESS (If rural, give location) 4008 St. Ferdinand <i>211/0</i>					
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle)		c. (Last) RICHARDSON			
4. DATE OF DEATH Aug. 19, 1955		5. SEX Male		6. COLOR OR RACE Col.			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 5, 1904		9. AGE (In years last birthday) 50			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and State or Foreign Country) / Phoenix, Arkansas			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Ellis Richardson		13b. MOTHER'S MAIDEN NAME Agnes Allen			
14. NAME OF HUSBAND OR WIFE Camie 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.			
17. INFORMANT'S SIGNATURE OR NAME Camie Richardson, 4008 St. Ferdinand		ADDRESS					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</u> <u>Auricular Fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 weeks</u> <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>416x</u>		22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>54</u> , to <u>August</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-7-</u> , 19 <u>55</u> , and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. B. Arnold</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>111 N. Jefferson</u>		23c. DATE SIGNED <u>8-23-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/25/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>		DATE REC'D BY LOCAL REG. <u>AUG 24 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>B. M. C. Green</u>		ADDRESS <u>4060 Washington Blvd</u>					

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

**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.....  
*Melvin E. Green*

Licensed Embalmer No. *44*

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.