

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 38784
9945

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE *Mo.* b. COUNTY _____

b. CITY OR TOWN *St Louis* c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN *St Louis* d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION *Doa. Homer Phillip Hqs 5* STREET ADDRESS (If rural, give location) *5222 Raymond*

3. NAME OF DECEASED (Type or Print) a. (First) *Fred* b. (Middle) *Richardson* c. (Last) *Richardson* 4. DATE OF DEATH (Month) (Day) (Year) *Nov 11 1955*

5. SEX *Male* 6. COLOR OR RACE *Negro* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *widowed* 8. DATE OF BIRTH *21 April 1927* 9. AGE (In years last birth day) *28* IF UNDER 1 YEAR Months Days IF UNDER 48 HRS Hours Mins

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Lab. Aide* 10b. KIND OF BUSINESS OR INDUSTRY *John Cab* 11. BIRTH PLACE (City and State or Foreign Country) *St Louis Mo* 12. SPECIES OF WHAT COUNTRY? *U.S.*

13a. FATHER'S NAME *Fred Richardson* 13b. MOTHER'S MAIDEN NAME *Helena Glenn* 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *no* 16. SOCIAL SECURITY NO. *no* 17. INFORMANT'S SIGNATURE OR NAME *Fred Richardson* ADDRESS *5222 Raymond*

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Gunshot wound of skull and brain, self inflicted in basement of home at 765 Northland Ave., about 7:00 pm., November 11 1955.*
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
2. OTHER SIGNIFICANT CONDITIONS (b) _____
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION *Suicide* 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE OR HOMICIDE *Suicide* 21b. PLACE OF INJURY (e.g., in or about home, farm, in car, street, office bldg., etc.) *Home* 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) *St Louis Mo*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) *Nov 11 55 7:00* 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? *E 976 X*

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE *Jays M. Quisenberry* 23b. ADDRESS *1390 Clark* 23c. DATE SIGNED *11/15/55*

24a. BURIAL, CREMATION, OR REMOVAL (Specify) *Removal* 24b. DATE *16 Nov 55* 24c. NAME OF CEMETERY OR CREMATORY *Washington Park* 24d. LOCATION (City, town, or county) (State) *St Louis Mo*

DATE REC'D BY LOCAL REG. *NOV 15 1955* REGISTRAR'S SIGNATURE *J. Carl Smith* 25. FUNERAL DIRECTOR'S SIGNATURE *W. R. ...* ADDRESS *1221 N. Taylor*

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

JUN 22 1956

JUN 4 1956

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 *Paul V. Freeman*

Licensed Embalmer No. *468*
P. O. Address *4729 Ham*

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.