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FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11316

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3190

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 906 North Seventeenth 225/0 25

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle):
c. (Last): Richardson

4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 56

5. SEX: Male M. 2
6. COLOR OR RACE: Negro N.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single single
8. DATE OF BIRTH: Sept 15, 1898 9-15-98
9. AGE (In years last birthday): 57
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): Labor Labor
10b. KIND OF BUSINESS OR INDUSTRY: Labor Labor
11. BIRTHPLACE (City and State or Foreign Country): Alabama Alabama
12. CITIZEN OF WHAT COUNTRY: USA U.S.A

13a. FATHER'S NAME: Hy Richardson Henry Richardson
13b. MOTHER'S MAIDEN NAME: Callie Callie
14. NAME OF HUSBAND OR WIFE: Single Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No no (If yes, give war or dates of service): no no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Florence Dent Florence Dent 2347 O'fallon
ADDRESS: apt 210

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Large Bowel Obstruction 2347 O'Fallon Apt. #210
INTERVAL BETWEEN ONSET AND DEATH: Undt.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Volvulus of Sigmoid
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: 3-22-56
19b. MAJOR FINDINGS OF OPERATION: Volvulus of Sigmoid Colon 570·3
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-21, 1956, *to* 3-~~26~~ 25, 1956, *that I last saw the deceased alive on* 3-~~26~~ 25, 1956, *and that death occurred at* 10:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank O. Richards M.D.
23b. ADDRESS: 2601 N. Whittier
23c. DATE SIGNED: 3-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-1-56
24c. NAME OF CEMETERY OR CREMATORY: Douglas Cem. Douglas Cemetary
24d. LOCATION (City, town, or county) (State): E. St. Louis, Ill. East St. Louis Ill.

DATE REC'D BY LOCAL REG.: MAR 29 1956
REGISTRAR'S SIGNATURE: J Earl Smith MD M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: A.H. Burks A.H. Burks 3506 Franklin
ADDRESS: 3506 Franklin

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leroy U. Bann

Licensed Embalmer No. 45

P. O. Address 3880 Ea

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