

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11825

State File No.

FILED MAR 26 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 607

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. LENGTH OF STAY (in this place) 35 yrs		c. CITY OR TOWN Webster Groves		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 871 Newport Ave.				e. STREET ADDRESS (If rural, give location) 871 Newport Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) JOHN c. (Last) RICHARDSON			4. DATE OF DEATH (Month) (Day) (Year) 3-1-1956				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-10-1878		9. AGE (In years last birthday) 77 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) Clerk Retired		10b. KIND OF BUSINESS OR INDUSTRY American Thread Co.		11. BIRTHPLACE (City and State or Foreign Country) Alton Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Allen Richardson		13b. MOTHER'S MAIDEN NAME Mary Elbe		14. NAME OF HUSBAND OR WIFE Sarah Elizabeth 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. 492-05-3340		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Richardson 871 Newport			
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) Hypertensive Cardio-vascular Disease				INTERVAL BETWEEN ONSET AND DEATH over 5 yrs.			
ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Chronic cystitis				over 5 yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 443x 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-31-1851 to 3-1-1956 that I last saw the deceased alive on 2-29-1956 , and that death occurred at 1:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James B. Jones M.D.				23b. ADDRESS 337 W. Lockwood Webster Groves Mo.		23c. DATE SIGNED 3-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-1956	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. 3-2-56		REGISTRAR'S SIGNATURE Herbert B. Donohue M.D.		FUNERAL DIRECTOR'S SIGNATURE Walter Parker		ADDRESS Webster Groves Mo.	

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 e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Nevelle B. Prohwitter*

Licensed Embalmer No. *31*

P. O. Address *15 W. Spr*

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.