

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

STANDARD CERTIFICATE OF DEATH

FILED APR 12 1956

State File No. **11858**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **809**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood 45110	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8744 Brentwood Pl.		d. STREET ADDRESS (If rural, give location) 8744 Brentwood Pl.	

3. NAME OF DECEASED (Type or Print) DOROTHY RICHARDSON			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1956		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-30-1908	9. AGE (In years) (last birthday) 47	IF UNDER 1 YEAR Months 10 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Jude de Bore, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William C. York		13b. MOTHER'S MAIDEN NAME Rosa Lee		14. NAME OF HUSBAND OR WIFE Fred 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. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Vivian Johnson, 1022 Victory Dr., Lemay, Mo.	

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. 3 mos estimated 35 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chr with myocardial degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO: (b) Rheumatic heart disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 415X			

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) (Min.)		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 **Mar 3, 1939**, to **Mar 25, 1956**, that I last saw the deceased alive on **Mar. 24, 1956**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ch. Bockelman M.D. (Degree or title)		23b. ADDRESS 2615 Brentwood Blvd		23c. DATE SIGNED 3/26/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-27-1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 3-26-56		REGISTRAR'S SIGNATURE Herbert R. Donohue M.D.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH, Maplewood, 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 W. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.