

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-024895

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6433 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4413 Dewey Ave		d. STREET ADDRESS (If outside, give location) 4413 Dewey	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charley Richardson			4. DATE OF DEATH Month Day Year 6 21 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3 14 80
		9. AGE (last birthday) 80	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Funeral Director, Indiana	11. BIRTHPLACE (City and state or country) U.S.A.
13a. FATHER'S NAME John L. Richardson		13b. MOTHER'S MAIDEN NAME U.K.	14. NAME OF HUSBAND OR WIFE Stella Dead
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 Address Mrs. Marie Layton 4413 Dewey

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H.S.A.D. H.C.V.D. Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 443x
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21. I attended the deceased from 11/24/59 to 6/21/60 and last saw her/him alive on 6/20/60		21. Death occurred at 6:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [Signature]	22b. ADDRESS 4075 S Grand	22c. DATE SIGNED 6/23/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6 24 60	23c. NAME OF CEMETERY OR CREMATORY St. Johns
23d. LOCATION (City, town, or county) Granit City, Ill.		
24. FUNERAL DIRECTOR McLaughlin 2301 Lafayette	25. DATE RECD. BY LOCAL REG. JUN 23 1960	26. REGISTRAR'S SIGNATURE [Signature]

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Dr. Ed. C. Kington
4075 S. Grant
P.L. 2. 7370

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

H. G. Farris

Licensed Embalmer No. 3384

P. O. Address H. Louis

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