

8554

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032835

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **918** Primary Registration District No. **1003** Registrar's No. **8054** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1

40072W

3

4 0

5 1

6

7 0

8 1

9

10

11

12 81-0

13

81

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
SHOULD READ
BY AFFIDAVIT OF

FILED AUG 31 1962

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Lukes Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**
c. CITY OR TOWN **Webster Groves, Mo.** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **126 Gray Ave.** Residence on Farm Yes No

3. NAME OF DECEASED First Middle Last
Walter Coffran Richards
4. DATE OF DEATH Month Day Year
August 17 1962

5. SEX **M.** 6. COLOR OR RACE **W.** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **10/1/84** 9. AGE (last birthday) **77**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Engineer**
10b. KIND OF BUSINESS OR INDUSTRY **Leschen Wire Rope**
11. BIRTHPLACE (City and state or country) **St. Louis, Mo.**
12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **William K. Richards** 13b. MOTHER'S MAIDEN NAME **Mary Coffran**
14. NAME OF HUSBAND OR WIFE **Ethel Richards**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address **Wilborne Moise, 444 Algonquin Pl.**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Ruptured interventricular septum** INTERVAL BETWEEN ONSET AND DEATH **45 min.**
DUE TO (b) **Antero-septal myocardial infarction** **48 hours**
DUE TO (c) **4201**
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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Nov 17, 1960** to **Aug 17, 1962** and last saw him alive on **Aug 17, 1962**
Death occurred at **1:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **James B Jones M.D.** 22b. ADDRESS **9313 Manchester St. Louis 19 Mo.** 22c. DATE SIGNED **Aug 18, 1962** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Aug. 20, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Oak Hill Cemetery** 23d. LOCATION (City, town, or county) **St. Louis County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Parker-Aldrich, Webster Groves, Mo.** 25. DATE RECD. BY LOCAL REG. **AUG 20 1962** 26. REGISTRAR'S SIGNATURE **Loan Smith, M.D.**

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Wester Groves

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.