o. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23891

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6336

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution (Specify whether
In this community years, months or days) 263

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town French Village N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. "D" Highway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edith Jeannette Richardson
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased Sept. (Month) 24 (Day) 1914 (Year)

8. AGE: Years 25 Months 10 Days 3 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Harry Taylor
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Lily Asimont
15. Birthplace Wisconsin (City, town, or county) (State or foreign country)
16. (a) Informant Ernest Richardson
(b) Address French Village, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-28-40 (Month) (Day) (Year)
(c) Place: burial or cremation French Village, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) JUL 28 1940 (Date received local register) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-27 day 27 year 1940 hour ~ minute 00 A.M.
21. I hereby certify that I attended the deceased from 7-26, 1940, to 7-27-, 1940 that I last saw alive on 7-27-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	2 days
Due to: Meckles Diverticulum obstructing ileum	2 dys
Due to: Congenital	
Other conditions: Pregnancy (Include pregnancy within 3 months of death)	6 Mo

Major findings: Of operation: Meckles Diverticulum obstructing ileum
Of autopsy: None made

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature John D Haymaker (M. D. or other)
Address McKittrick Bldg. Date signed 7/27/40

(Licensed Embalmer's Statement on Reverse Side)

146-1

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23891

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 4331

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

1. PLACE OF DEATH:
(a) County ____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town ____ (If outside city or town limits write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Edith J. Richardson
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife ____
6. (c) Age of husband, or wife, if alive ____ years
7. Birth date of deceased ____ (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
25	10	3	hr. ____ min.

9. Birthplace ____ (City, town, or county) ____ (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)
MOTHER
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) 11-25-40 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27-40 year ____ hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Duration
Immediate cause of death: Int. Obst.
Meckles Diverticulum
Due to 1492
Due to ____
Other conditions Pregnancy (Include pregnancy within 3 months of death) 6 mo
Delivery occurred at French Village
Major findings of operations Mo. Date unknown
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature ____ (M. D. or other)
Address ____ Date signed ____