FILED FEB 14 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

124 69-004515

CERTIFICATE OF DEATH

318 1003 982

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

DO NOT WRITE ON THIS STUB

9.	0
10a.	59
10b.	
11.	0
12.	1
13.	486X
14.	
15.	1
16.	
17.	
18.	3
19.	CREDITS
20.	

VS 300
Rev. 1/68

4.

5. 91

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

3249C

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

1. DECEASED—NAME (FIRST, MIDDLE, LAST): JOHN OLIVER RICHARDSON
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): January 24, 1969
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 59
5b. UNDER 1 YEAR — MOS. / DAYS:
5c. UNDER 1 DAY — HOURS / MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): Feb. 14, 1909
7a. COUNTY OF DEATH:
7b. CITY, TOWN, OR LOCATION OF DEATH: St. Louis
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): E/R to City Hospital.
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Geneva Richardson.
12. SOCIAL SECURITY NUMBER: 489 26 6466
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Clerk
13b. KIND OF BUSINESS OR INDUSTRY: Chemical Co.
14a. RESIDENCE—STATE: Mo.
14b. COUNTY:
14c. CITY, TOWN, OR LOCATION: St. Louis
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 2918 A Lemp St.
15. FATHER—NAME (FIRST, MIDDLE, LAST): George Richardson
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Martha Pinkston.
17a. INFORMANT—NAME: Geneva Richardson
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2918a Lemp., St.Louis,Missouri.

PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

18. IMMEDIATE CAUSE (a): Pneumonia with empyemas right; Cirrhosis
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b):
DUE TO, OR AS A CONSEQUENCE OF:
(c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c).

19a. AUTOPSY (YES OR NO): yes
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: yes

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR:
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)
21b. TO (MONTH, DAY, YEAR)
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED (HOUR): M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
HOUR OF DEATH: 6:25 P.M.
22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH: 1-24 DAY: YEAR: 69 HOUR: 6:25 P.M.

23a. CERTIFIER—NAME (TYPE OR PRINT): Peter J. DeBBe
23b. SIGNATURE: Peter J. DeBBe
23c. DEGREE OR TITLE: Dep. Coron
DATE SIGNED (MONTH, DAY, YEAR): 1-27-69
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO.: 1300 Clark CITY OR TOWN: St. Louis STATE: Mo ZIP: 63103

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
24b. CEMETERY OR CREMATORY—NAME: Mt. Hope
24c. LOCATION CITY OR TOWN: St. Louis County, STATE: Mo.
24d. DATE (MONTH, DAY, YEAR): 1/27/1969
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): McLaughlin, 2301 Lafayette, St. Louis, Mo. 63104.
25b. FUNERAL DIRECTOR—SIGNATURE: James R. Chapman
James R. Chapman
26a. REGISTRAR—SIGNATURE: Ford Smith M.D.
26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 27 1969

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 Harold A. Smith

Licensed Embalmer No. 5258

P. O. Address St Louis Mo

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.