MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

66 0051459

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12337

FILED DEC 16 1966

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

1
2 20790
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4 1
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7 0
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12 75-0
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75

DR. DONALD E. HARDBECK
USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hosp.-1515 Lafayette Avenue
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4540 ALCOTT
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma Middle: Last: Richardson

4. DATE OF DEATH: Month: December Day: 7 Year: 1966

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 5-30-90

9. AGE (last birthday): 76
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and state or country): — MISSOURI

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: JAMES BENNETT Address: 421 PLATA AVE FERGUSON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Toxemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Decompensation of the kidneys c under hypertensive intoxication.
DUE TO (c):
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): 174X

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 9-7-66 to 12-7-66 and last saw her/him alive on 12-7-66
Death occurred at 10:50 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald E. Hardbeck, M.D.

22b. ADDRESS: 1515 Lafayette Avenue

22c. DATE SIGNED: 12-7-66

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 12-9-66

23c. NAME OF CEMETERY OR CREMATORY: SUNSET BURIAL PARK

23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY MO.

24. FUNERAL DIRECTOR: WHITE-MULLEN ADDRESS: FERGUSON, MO.

25. DATE RECD. BY LOCAL REG.: DEC 9 1966

26. REGISTRAR'S SIGNATURE: Boad Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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.

NO EMBALMING

Student_____ Signed Angelina White

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.