

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital, #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 Days**
In this community **25 yrs.** (Specify whether years, months or days)

FILED FEB 17 1940

3. (a) PRINT FULL NAME **Ellis Richardson 263**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Dec. 23, 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	1	0	hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **railroad**

12. Name **Francis Richardson**

13. Birthplace **Wisconsin**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Herbert Richardson**

(b) Address **1727 So. 18th Street**

17. (a) **burial** (b) Date thereof **Jan. 26 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bonne Terre, Mo.**

18. (a) Signature of funeral director **W. M. Stephens**

(b) Address **2301 Lafayette St.**

19. (a) **JAN 25 1940** (b) **J. J. [Signature]**
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1424 Mississippi**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **13**
year **1940** hour **4** minute **35 P. M.**

21. I hereby certify that I attended the deceased from **12-29-1939** to **Jan. 23, 1940**; that I last saw him alive on **Jan. 23, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Neck	
Throat + pharynx	1931
Due to Primary site lower leg	
Due to _____	

Other conditions (Include pregnancy within 3 months of death) **43**

Major findings: Of operations **none**

Of autopsy **none**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Henry J. Floride** (M. D. or other)

*Address **City Hospital** Date signed **1-29-40**

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

MOTHER FATHER

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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 this body is not embalmed, above space should be left blank.