MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28720

Township ..... Primary Registration District No. 1003 Registered No. 8261

City St Louis Mo (No. 1811 N. 18th St rear St. ..... Ward)

2. FULL NAME Elizabeth Ricker

(a) Residence. No. 1811 N. 18th St rear St., 26 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ben Ricker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 11 - 1879

7. AGE: Years 48 | Months 3 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS

10. NAME OF FATHER: Berry Tomlinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.
12. MAIDEN NAME OF MOTHER: Tolitha Buntian
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.

14. INFORMANT: Ben Ricker
(Address) 1811 N. 18th St rear

15. FILED SEP 17 1927 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Sept 16, 1927 that I last saw her alive on Sept 15, 1927, and that death occurred, on the date stated above, at 1 40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Rectum
46D
(duration) ..... yrs. 8 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 45
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) George L Mueller, M. D
Sept 16 1927 (Address) 1125 Madison

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla
DATE OF BURIAL: Sept 19 1927

20. UNDERTAKER: Hy Leidner Und Co
ADDRESS 1417 N Market St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.