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

Do not use this space.

32282

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis Mo. (No. Barnes Hosp't St. ..... Ward)

File No.....

Registered No. 19694

2. FULL NAME Silas Rice

(a) Residence. No. Peach Orchard Ark. St. ..... Ward. Peach Orchard Ark.
(Usual place of abode) (If nonresident give city or town and State)

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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lama Rice.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt 1875

7. AGE: Years abt 52 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Ark

PARENTS

10. NAME OF FATHER Silas Rice

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Arkansas

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Arkansas

14. INFORMANT Henry Guellmatty
(Address) Main & Victor St.

15. FILED OCT 29 1927, 19..... Mae L Starkoff
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 27 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-26, 1927, to 10-27, 1927, that I last saw h. alive on 10-27, 1927, and that death occurred, on the date stated above, at 7.40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneurism / Thoracic Aneurism
Syphilis 37 28
9.4.B
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pulmonary edema
Operation for Trachea obstruction
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10-27-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray - Laboratory tests

(Signed) George S Lutere, M. D
, 19 (Address) Barnes Hospital

*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 Hoxie Ark

DATE OF BURIAL Oct 29 1927

20. UNDERTAKER Speck Bros

ADDRESS 2201 So Grand

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD