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

Do not use this space.

16149

File No. 4182

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis. (No. Home for the Aged. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ellen P. Rice.

(a) Residence. No. 3400 So. Grand Blvd. St. 16 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Rice.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 29, 1853.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(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) Ohio.

PARENTS

10. NAME OF FATHER William Prindeville.

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

12. MAIDEN NAME OF MOTHER Dont Know.

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

14. INFORMANT Lee L. Rice
(Address) 2306 Shenandoah St.

15. FILED ... 19... Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1934, to April 4, 1934, that I last saw he alive on April 4, 1934, and that death occurred, on the date stated above, at 3 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatic Carcinoma

(duration) yrs. 8 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Cardiac Insufficiency

(duration) yrs. 3 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? B. Serum

(Signed) F. B. Serum, M. D.

April 7, 19 29 (Address) 3165 S. Grand

*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 Calvary Cemetery.

DATE OF BURIAL April 9, 1929.

20. UNDERTAKER J. H. Gibbons & Co.

ADDRESS 2842 Meramec.

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.

PERMANENT RECORD

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