

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

Do not use this space.

2556

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Five-Lawn Primary Registration District No. 6033B
 City Central (No. 6705 Darvelle) St. _____ Ward _____

File No. _____
 Registered No. 21

2. FULL NAME

(a) Residence. No. 6705 Darvelle St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21, 1837

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>92</u>	<u>8</u>	<u>27</u>		

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Daniel Rice

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. J. H. Spilker
 (Address) 6705 Darvelle

15. FILED 1/30 1930 Rolla Busey, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18, 1930
 17. _____

HEREBY CERTIFY, That I attended deceased from Jan. 14, 1930, to Jan. 18, 1930, that I last saw him alive on Jan. 17, 1930, and that death occurred, on the date stated above, at 8:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arterio-sclerosis
93A
97 (duration) 10 yrs. mos. ds.
 CONTRIBUTORY Acute myocarditis
 (SECONDARY) (duration) _____ yrs. mos. 10 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 Physical ex.
 (Signed) Dr. H. Helbing M. D.

149, 1930 (Address) 49630 Mountain

*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 Bellefontaine Cem. DATE OF BURIAL Jan. 21, 1930

20. UNDERTAKER Drehmann / Haral ADDRESS 1905 Union

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.

1930

160

22

31

1/30

4963 Joubert

v-4