

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

Do not use this space.

22540

1. PLACE OF DEATH

County St. Charles  
Township Wentzville  
City Wentzville (No. \_\_\_\_\_)

Registration District No. 1175  
Primary Registration District No. 5999

File No. \_\_\_\_\_  
Registered No. 44  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Theodore Rickamp

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Elizabeth Rickamp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 8 18

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Passenger  
(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) Don't know  
Germany

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
Germany

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
Germany

14. INFORMANT Elizabeth Rickamp  
(Address) Wentzville, Mo

15. FILED 6/19/31 W.C. Caldwell  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1931

17. I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to June 14, 1931, that I last saw him alive on June 14, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of the esophagus and surrounding parts

52 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 50 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3 years ago

WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. C. Adams, M. D.  
. 19 (Address) O. Fallon, Mo

\*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 Wentzville, Mo  
DATE OF BURIAL 6-18 1931

20. UNDERTAKER Wentzville  
ADDRESS Wentzville

JUL 26 1931

Exact statement of death necessary to be furnished.

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