WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30773

File No. 8465

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. Lutheran Hosp St. ..... Ward)

2. FULL NAME Emily Rick

(a) Residence, No. 4219 Osceola St., 15 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: 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: Charles Rick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 5, 1895

7. AGE: Years 37 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME: John Rode

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

MOTHER

15. MAIDEN NAME: Kate Hinrichs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Charles Rick 4219 Osceola St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE 9.23 1932

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So Kingshiglands

20. FILED SEP 21 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20, 19

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1932, to Sept. 20, 1932

I last saw her alive on Sept 20, 1932. Death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage following ruptured ectopic pregnancy

1420
1440

Date of onset

Other contributory causes of importance: —

Name of operation abd-op. Date of 9/20/32

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) A. F. Play, M. D.

(Address) 807 Carleton Bldg.

Carlton
12 4