

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.

Mar. 12 1936

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

Do not use this space.

8419

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St Louis (No. 1483, Rowan Ave) St. Ward)

File No.
Registered No. 2101

2. FULL NAME

(a) Residence, No. John P. Rice St. 6 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 <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Rice</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5-1868</u> | | |
| 7. AGE YEARS <u>67</u> | MONTHS <u>0</u> | DAYS <u>19</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Supervisor</u> | | If LESS than 1 day, hrs. or min. |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Public Service</u> | | 11. Total time (years) spent in this occupation..... |
| 10. Date deceased last worked at this occupation (month and year)..... | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u> | | |
| 13. NAME <u>John Rice</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u> | | |
| 15. MAIDEN NAME <u>Margaret Murphy</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | | |
| 17. INFORMANT <u>Mrs Laura Rice</u> (ADDRESS) <u>1483 Rowan Ave</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>2/27</u> 19 <u>36</u> | | |
| 19. UNDERTAKER <u>Arthur J Donnelly</u> (ADDRESS) <u>3840 Lindell Blvd</u> | | |
| 20. FILED <u>FEB 26 1936</u> <u>J. Bredeck</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936, to Feb 27, 1936
I last saw him alive on Feb 24, 1936. Death is said to have occurred on the date stated above, at 7:45 P.
The principal cause of death and related causes of importance were as follows:
Pneumonia Lobar
Date of onset

Other contributory causes of importance: 108

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify..... (Signed) [Signature], M. D.
(Address) 5640 Rockway

Dr. [unclear]
5540 [unclear]

FO 9686