

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.

**OCT 2 1936**

**791  
1003**

**35540**

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 7068 Winona) .....

File No. ....  
Registered No. 9134 .....

**2. FULL NAME**

Ord D Rhiver  
(a) Residence, No. 7068 Winona St. 3 Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clare Rhiver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
37 38 5 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

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 Mo

13. NAME Ord J. Rhiver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

15. MAIDEN NAME Mary Carpenter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT Ernie Rhiver  
(ADDRESS) 7068 Winona av

18. BURIAL, CREMATION, OR REMOVAL PLACE New Richens DATE Sept 5 1936

19. UNDERTAKER Wm J Paschedas  
(ADDRESS) 2825 No Grand

20. FILED J F Bredeck  
Registrar.

**SEP 3 1936**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1935 to Sept 1st 1936

I last saw him alive on Sept 1st 1936 Death is said to have occurred on the date stated above, at 7 1/2 m.

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

Acute Cardiac Dilatation Date of onset 8-31-36

Other contributory causes of importance: Ch. Myocarditis 1935

Name of operation ..... Date of .....  
What test confirmed diagnosis? None Was there an autopsy? no

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) W. H. Kelley, M.D. M. D.

(Address) 3201 Swanton av  
St. Louis Mo

