

DEC 3 1936

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

Do not use this space.

43020

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City, St. Louis

(No. City Hospital No. 1)

File No. 11595

Registered No. 11595

St. Ward)

B. 12198

Ellen Rickert

2. FULL NAME

(a) Residence, No. 6649 Villa

St. 4

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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

William Rickert

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

Jan 8th 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

73

10

13

OCCUPATION

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

nil

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Cole Co. Missouri

FATHER

13. NAME

John Scheffel

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

Missouri

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

(ADDRESS)

Hosp/ Info. M.H. Kent

City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany

DATE Nov. 24, 36 19

19. UNDERTAKER

(ADDRESS)

Wm. Mowdell
1926 Allen Ave.

20. FILED

NOV 23 1936

19

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21/36 19

22. I HEREBY CERTIFY, That I attended, deceased from
11/20/36 19 to 11/21/36 19

I last saw her alive on 11/21/36 19. Death is said

to have occurred on the date stated above, at 11 p. m.

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

Date of onset

Coronary thrombosis (left
truncus striate artery)
General arteriosclerosis

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis?

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

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) Chas. M. Jesuico M. D.

(Address) City Hospital No. 1

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