MAR 5

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

Do not use this space.

1. PLACE OF DEATH
County .... Registration District No. 791 File No. 8300
Township .... Primary Registration District No. 1003 Registered No. 1751
City St. Louis (No. 3326 Ohio Ave. St. .... Ward)

2. FULL NAME John E. Rickard
(a) Residence, No. 3326 Ohio Ave. St., 24 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minerva Rickard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
83	6	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mound City Roofing Co.
10. Date deceased last worked at this occupation (month and year) 10 Years ago
11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME Samuel Rickard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Elizabeth Slate
16. BIRTHPLACE (CITY OR TOWN) Salem (STATE OR COUNTRY) Mo.

17. INFORMANT Marvin C. Rickard
(ADDRESS) 3326 Ohio Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Marcus DATE 2-11 1937

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED FEB 9 - 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1936, to Feb 8, 1937
I last saw him alive on Feb 8, 1937 Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cause	Date of onset
Chronic Myocarditis	3 yrs
Chronic Interstitial Nephritis	2 yrs

Other contributory causes of importance:

Senility	1 yrs

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 ...., 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) R. B. Kazan, M. D.
(Address) 2002 So. Broadway

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.

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Dr. Karsai
3616 So Broadway
Pr 4700