APR 27 1937

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

Do not use this space.

13340

1. PLACE OF DEATH
County St. Louis
Township Bonhomme
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 785
Primary Registration District No. 6031

File No. .....
Registered No. 39

2. FULL NAME Stella Katherine Rickard

(a) Residence, No. Bellefountaine, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 Ace Rickard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26, 1892

7. AGE: Years 44 | Months 11 | Days 24 | 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. own home
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation 23

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

FATHER

13. NAME Edward Koch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester, Mo.

MOTHER

15. MAIDEN NAME Amalia Kroemung
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gumbo, Mo.

17. INFORMANT Ace Rickard
(ADDRESS) Bellefountaine, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. John's Ev. Cem.
PLACE Bellefountaine, Mo. DATE Mar. 22, 1937

19. UNDERTAKER Schrader Funeral Home
(ADDRESS) Baldwin, Mo.

20. FILED 3-20-1937 Agnes C Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936 to Mar. 20, 1937
I last saw her alive on Mar. 17, 1937. Death is said to have occurred on the date stated above, at 2:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus Involving Intestines	6/9/36

Other contributory causes of importance: X

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? X Date of injury X, 19.....
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X
If so, specify X

(Signed) Rose Minnie Rose, M. D.
(Address) 5411 Easton Ave

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.

Rose