

SEP 10 1937

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

Do not use this space.

29156

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Jewish Hospital**) St. _____ Ward _____

File No. _____
Registered No. **7789**

2. FULL NAME **Mary Barr Ricker**

(a) Residence, No. **505 N. Kirkwood Rd., St. N.R.** Ward. **Kirkwood, Mo**
(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jacob Ricker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 25 1863**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 7 23

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

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

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) **Indiana**

13. NAME **Thomas Barr**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Zanesville Ohio**

15. MAIDEN NAME **Helen Eglesfield**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indianapolis Ind**

17. INFORMANT **Jacob H. Ricker** (ADDRESS) **505 N. Kirkwood Rd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Hill** DATE **8-20-37**

19. UNDERTAKER **Louis H. Bopp** (ADDRESS) **Kirkwood, Mo.**

20. FILED **AUG 18 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 17 1937**22. I HEREBY CERTIFY, That I attended deceased from **Jan 16 1932**, to **Aug 17 1937**

I last saw her alive on **Aug 17 1937**. Death is said to have occurred on the date stated above, at **6:30 P.M.**

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

I Rupture of abdominal aorta due to arteriosclerosis of the aorta. Hypertension in retroperitoneal tissues.

Date of onset **8-14-37**

Other contributory causes of importance:

arterio sclerosisName of operation **None** Date of _____What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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) **J. H. Stansbury**, M. D.(Address) **Kirkwood Mo**

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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