

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.

32519

791

1008

File No.

Registered No.

8573

Ward)

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis, Mo.(No. Missouri Pacific Hosp.

St.

2. FULL NAME Joseph Rick(a) Residence, No. 1808 Geyer Ave. St. 13 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Rick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 31, 1857</u>		
7. AGE <u>80</u>	YEARS <u>80</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Painter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)13. NAME August Rick14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Alphonso Rick
(ADDRESS) 1808 Geyer Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE Sept. 13, 193719. UNDERTAKER St. Mary's
(ADDRESS) 1925 Allen Ave.20. SIGNED J. Bredeck
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 193722. I HEREBY CERTIFY, That I attended deceased from 8-26, 1937, to 9-10, 1937I last saw h. 12 alive on 9-10, 1937 Death is saidto have occurred on the date stated above, at 8:12 P. m.

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

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Cholesterol Was there an autopsy? no23. 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?

If so, specify

(Signed) R. H. McShoy M. D.(Address) Mo. Pac. Hospital

SEP 13 1937

Statement of licensed embalmer

I Wm.C.Moydell licensed embalmer # 1467 certify that the body recorded on the reverse side of this certificate was embalmed by me.

Wm. C. Moydell

Licensed Embalmer # 1467