

25 1938

REC'D JUN 7 1938

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

19541  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 780  
 (b) Township University City Primary Registration District No. 115  
 (c) City University City (d) Street No. 7615 Teasdale St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Earl Jerome Rickman 255  
 (a) Residence, No. 7615 Teasdale St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Agnes Rickman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 7 29

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

9. Industry or business in which work was done, as saw mill, bank, etc. Waisney Co.

10. Date deceased last worked at this occupation (month and year) Apr 16, 1938 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guthrie, Ky.

13. NAME Wm. H. Rickman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elton, Ky.

15. MAIDEN NAME Ellen Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaucomb, Ill.

17. INFORMANT Agnes Rickman  
(ADDRESS) 7615 Teasdale

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory May 27, 1938

19. FUNERAL DIRECTOR Alexander & Sons  
(ADDRESS) 6175 Delmar Blvd.

20. FILED MAY 25 1938 D.R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 1934, to May 25, 1938  
 I last saw him alive on May 21, 1938. Death is said to have occurred on the date stated above, at 2:15 a. m.

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

Nephro-sclerosis & Hemian  
hypertension  
Ren. Arterio-sclerosis

Date of onset April 1938  
1934  
1934

Other contributory causes of importance: 131

Rd. Fibroid pulmonary  
tuber pulmonary

Name of operation none Date of             
 What test confirmed diagnosis? clinical 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) Louis G. Arthur, M. D.  
 (Address) 3720 Washington St. St. Louis, 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.

Corrected by attending Physician statement

See letter authorizing addition to cause of death  
in eff. file #124.

SEP 25 1941

STATEMENT BY LICENSED EMBALMER

I, Joseph E. McCulloch, Licensed Embalmer No. 2460  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Joseph E. McCulloch  
Licensed Embalmer No. 2460

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)