DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23232

State File No. 2

Registration District No. 784 — Primary Registration District No. 109 — Registrar's No. 1186

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3510 Cambridge Ave. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community Not known

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood 1 (If outside city or town limits, write "RURAL")
(d) Street No. 3510 Cambridge Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME 262 Marvin Charles Rickard
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Rickard
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased June (Month) 6 (Day) 1898 (Year)

8. AGE: Years 41 | Months 0 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Farmington (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Printer own business 0
11. Industry or business
FATHER
12. Name John Rickard 0
13. Birthplace Farmington (City, town, or county) Mo. 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Minnie Rickard
(b) Address 3510 Cambridge Ave.
17. (a) Burial [illegible] (Burial, cremation, or removal) (b) Date thereof 7-5-39 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway
19. (a) JUL - 3 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1939 hour 9:30 minute P.M. M.

21. I hereby certify that I attended the deceased from 1-11, 1939, to 4-4-39, 19__; that I last saw him alive on 4-4-39, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. W. Grove (M. D. or other)
Address 508 N Grand Date signed 7-3-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X19511

Dr. Grosse
Metrp. Bldg. 1-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Elmire D. McKernan

Licensed Embalmer No. 3024

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.