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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 25 1940 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23468

Registrar's No. 5913

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits write "RURAL")

(d) Street No. 1303 S. 13th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jim Rike 200

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Laura H. Rike

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased September (Month) 16, (Day) 1865 (Year)

8. AGE: Years 74 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Ozan (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Retired 9

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Rike
(b) Address 4862 Allemania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/40 (Month) (Day) (Year)

(c) Place: burial or cremation Hope, Arkansas

18. (a) Signature of funeral director Wacker-Feldside
(b) Address 2331 S. Broadway

19. (a) JUL 14 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13, year 1940 hour 5:05 minute A. M.

21. I hereby certify that I attended the deceased from July 5, 1940 to July 13, 1940; that I last saw him alive on July 13, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None.	
Of autopsy: As above	

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 James P. Murphy Jr., (M. D. or other)

Address 1615 Lafayette Date signed 7/13/40

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J Wyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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.