

No. 2
-11-10-39
5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23546

State File No. _____

791

1003

Registrar's No. 5991

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community Unknown
years, months or days)

8. (a) PRINT FULL NAME Ray Wice 200
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Wice 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 10, 1895
(Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 5 If less than one day
hr. _____ min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Salesman

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Wice

(b) Address 4542 Shenandoah

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

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Edward J. Hoffmeyer

(b) Address 401 E. High Street

19. (a) JUL 17 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 17
(If outside city or town limit, write "RURAL")
(d) Street No. 0 4542 Shenandoah
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th.
year 1940 hour 8:35 minute p m M.

21. I hereby certify that I attended the deceased from _____, 19____, to July 15, 1940,
that I last saw him alive on July 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis 7-3-40x

Due to Polyneuritis 7-3-40x

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Yes

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Ross Eidelman (M. D. or other)

Address 5400 Arsenal St. Date signed _____

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

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 Ernest W. Spillers

Licensed Embalmer No. 64080

P. O. Address 3747 Dunnicca

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.