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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37332

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 9605

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: En route to
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 928 Academy Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charlotte Rice

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Dr. C. MacDonald Rice

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August (Month) 23 (Day) 1873 (Year)

8. AGE: Years 67 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Putnamville, (City, town, or county) Indianna (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name James Farrow

13. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

14. Maiden name Alice Parks

15. Birthplace Putnamville, (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Dr. C. MacDonald Rice

(b) Address 928 Academy Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-23-40 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Ave

19. (a) NOV 23 1940 (Date received local registrar) (b) J. F. Gilbert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21 year 1940 hour 9 00 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Traumatic Internal Hemorrhage due to Commingled Fracture of Pelvis

Due to

Due to (Left Rectus and acetabulum suffered when struck by Nash Sedan driven by one

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Immediate Cleavage at intersection of Page and Shaumutau about 6 P.M. Nov. 21-1940

Of autopsy

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) Accident

(b) Date of occurrence 11/21/40

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury Auto

23. Signature Alfred Ferry (M. D. or other)

Address Kirkwood Mo. Date signed 11/22/40

(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 ..... Albert G. Hoffman

Licensed Embalmer No. 2991

P. O. Address .....

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

If this body is not embalmed, fact should be so stated above.