

Registration District No. **784**

Primary Registration District No. **300**

Registrar's No. **2195**

6 FILED DEC 7-1940
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **St. Louis**

(a) County: _____

(b) City or town: **Camden**

(c) Name of hospital or institution: **Mother of Good Counsel Home**

(d) Length of stay: In hospital or institution: _____ (Specify whether In this community: **3** years, months or days)

3. (a) PRINT FULL NAME: **Salie Davis Ricker**

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: **Female** 5. Color or race: **Wh** 6. (a) Single, widowed, married, divorced: **Div.**

6. (b) Name of husband or wife: **Chas. Ricker** 6. (c) Age of husband or wife if alive: **82** years

7. Birth date of deceased: **January 20 1859** (Month) (Day) (Year)

8. AGE: Years **81** Months **10** Days _____ If less than one day: **MO** hr. _____ min.

9. Birthplace: **H. W.** (City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

12. Name: **Nelson Davis**

13. Birthplace: **Mo.** (City, town, or county) (State or foreign country)

14. Maiden name: **UNKN**

15. Birthplace: **UNKN** (City, town, or county) (State or foreign country)

16. (a) Informant: **St. Louis**

(b) Address: **131 W. Argonne, Kirkwood Mo**

17. (a) **Burial** (b) Date thereof: **11/22/40** (Month) (Day) (Year)

(c) Place: burial or cremation: **Oak Hill Centry**

18. (a) Signature of funeral director: **Louis Stopp, Inc**

(b) Address: **131 W. Argonne, Kirkwood Mo**

19. (a) **NOV 21 1940** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **St Louis**

(c) City or town: **Kirkwood, Taney** (If outside city or town limits, write "RURAL.")

(d) Street No.: **Mother of Good Counsel** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov**, day **20**, year **1940** hour **6:15** minute **09** M.

21. I hereby certify that I attended the deceased from **April 25**, 19**34**, to **Nov 20**, 19**40**, that I last saw her alive on **Nov 10**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary atherosclerosis** Duration _____

Due to: **Advanced atherosclerosis**

Due to: **Myocardial infarction**

Other conditions: **94 P**

Major findings: **No operation**

Of operations: _____

Of autopsy: **None**

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? **Yes**

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

23. Signature: **[Signature]** (M. D. or other) **1940**

Address: **Kirkwood Mo** Date signed: **11-21-40**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Rebecca S. Bopp*

Licensed Embalmer No. *3042*

P. O. Address *Clayton*

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, fact should be so stated above.