No. 2
1-13-40
-17-39
X23159

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

1003

State File No. 41095

Registration District No. 791 | Primary Registration District No. | Registrar's No. 10866

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: St. Mary's Infirmary
(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 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4419 Enright Ave
(If rural, give location)

0

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

3. (a) PRINT FULL NAME Samuel Mitchell Lorick

3. (b) If veteran, name war

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Pearl

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

7. Birth date of deceased Dec. (Month) 9 (Day) 1899 (Year)

8. AGE: Years 41 | Months | Days 20 | If less than one day hr. min.

9. Birthplace Asheville (City, town, or county) N. Carolina (State or foreign country)

10. Usual occupation Waiter-Dining Car

11. Industry or business Unknown

FATHER
12. Name Henry Lorick
13. Birthplace Columbia (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Eva Mitchell
15. Birthplace Columbia (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant Daisy Lorick

(b) Address 4419 Enright ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Unst. Co.

(b) Address 2732 Pine Street

19. (a) DEC 31 1940 (Date received local registrar) (b) J. H. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from February 20, 1940, to December 29, 1940, that I last saw him alive on December 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ruptured Gastric varices	2/20/39+
Due to Syphilitic Hepatitis	2/20/39+
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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)

(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 Walter L. Moore (M. D. or other) M.D.

Address 5400 Arsenal St. Date signed 12/31/40

(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 Joel Russell

Licensed Embalmer No. 4112

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.