

No. 2  
-13-40  
17-39  
X251

4416

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 230

1. PLACE OF DEATH: St. Louis County  
 (a) County St. Louis County  
 (b) City or town Jefferson Barracks  
 (c) Name of hospital or institution: Veterans Administration Facility  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Admitted 1/27/41  
 (Specify whether  
 In this community unknown  
 years, months or days)

3. (a) PRINT FULL NAME Earl L. Rickard  
 3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased August 29, 1889  
 (Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation Painter and Decorator

11. Industry or business -

12. Name William Rickard  
 13. Birthplace Fairfield Illinois  
 (City, town, or county) (State or foreign country)

14. Maiden name Emma Woods  
 15. Birthplace Fairfield Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig  
 (b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.

17. (a) BURIAL (b) Date thereof FEB 3 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director P. Hoffmeister

(b) Address 784 S. BROADWAY - ST. LOUIS, MO.

19. (a) FEB - 1 1941 (b) C. W. Hughes  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
 (a) State Missouri (b) County 17  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL") 18  
 (d) Street No. 5212 Cabanne Avenue  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th  
 year 1941 hour 8:15 minute - p. - M.

21. I hereby certify that I attended the deceased from January 27, 1941, to January 29, 1941, that I last saw him alive on January 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis, active, both kidneys and urinary bladder. Duration Unkn.

Due to -  
 Due to -

Other conditions: Tuberculosis, pulmonary, inactive. Unkn.

Major findings: Of operations - Of autopsy Autopsy performed. See cause of death. 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) no  
 (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) \_\_\_\_\_ (Specify means of injury)

23. Signature C. W. HUGHES, M.D. (M. D. or other) 0  
 Address Chief Medical Officer Date signed 1/30/41

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

MOTHER FATHER

SEP 17 1945

**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.....

Licensed Embalmer No. *4049*

P. O. Address..... *646 4 Chippewa*

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

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