

S. No. 2
M-4-13-40
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8996**
Registrar's No. **2406**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **S. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 yr 5 mo. 16 d**
(Specify whether years, months or days)
In this community **54 yrs 1 mo. 13 d**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00013**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
Street No. **5300 Arsenal St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULLNAME **JOHN VIRGIL RICE**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Mrs. Elms.** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **February 2, 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	1	13	hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Attendant**

11. Industry or business **City Sanitarium**

12. Name **Thomas Rice**

13. Birthplace **Unknown** **4 Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **4 Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Peter Smith**

(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **Mar 18 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Samuel Calcutt**

(b) Address **5142 Saggitt Ave**

19. (a) **MAR 17 1941** (b) **J. H. Redek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15th**
year **1941** hour **12.05** minute **A. M.**

21. I hereby certify that I attended the deceased from **March 14, 1939** to **March 14th 41**
that I last saw h **im** alive on **March 14, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death
General Paresis of Insane 3-14-39

Due to **Exfoliative Dermatitis 3-4-41**

Due to **Bronchial Pneumonia 3-14-41**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **[Signature]**
Of autopsy **NO**

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 **N. J. Bullis** (M. D. or other)

Address **5400 Arsenal** Date signed **3-15-41**

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Calcutt

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

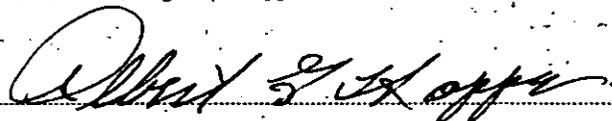
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 2971

P. O. Address.....

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.