

FILED FEB 24 1942

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 407

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. Ann's Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Mo.
(Specify whether _____)
In this community 8 Mo.
years, months or days)

3. (a) PRINT FULL NAME Annie Ricord

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 7th., 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 6 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Elisha Ricord
13. Birthplace Ind.
14. Maiden name Catherine Butler
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Remigus
(b) Address 5301 Page Blvd.

17. (a) Burial (b) Date thereof 1-15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Galway

18. (a) Signature of funeral director Arthur Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 14 1942 (b) J. F. Braddock
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6023
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5301 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th.,
year 1942 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from April 5 1941 to death, 1-13- 1942
that I last saw him alive on January 13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation Duration 9 months
Due to Thyrotoxicosis 10 years

Due to _____
Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

Major findings: Of operations W.D.L.
Of autopsy 1 to
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? _____

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

23. Signature Edwin Sauter, M.D. (M. D. or other) _____
Address 5189 Enright Av. St. Louis, Mo. Date signed 1-14-42

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

Dr. Edwin Sauter
5189 Enright Ave. 9:30-10

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 *W. H. Van Matre*.....

Licensed Embalmer No. *2825*.....

P. O. Address *4340 Lafayette*.....

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.