

No. 2
-9-4-41
5-17-39

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9119

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3268

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:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4405 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oliver S.J. Rice

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

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 Sept. 30 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 6 12 hr. min.

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

10. Usual occupation Advertising

11. Industry or business Broker

MOTHER FATHER
12. Name Sol J. Rice
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Obermeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jerome Rice
(b) Address 4475 West Pine Blvd.

17. (a) Cremation (b) Date thereof 4-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Hermon ...
(b) Address 5216 Delmar Blvd.

19. (a) APR 12 1942 J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from April
9 19 42 April 11 19 42
that I last saw him alive on April 10 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death
Hemopericardium 1-3hrs
Dissecting aneurysm How?

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

Major findings:
Of operations 1810
Of autopsy Hemopericardium
Dissecting aneurysm

22. If death was due to external causes, all 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?

23. Signature Hereth Sell (M. D. or other) 0
Address 4500 Olive Date signed 4/11/42

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

844

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..... *Chas. W. Cooper*

Licensed Embalmer No..... *3830*

P. O. Address..... *5216 Delmar*

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.