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M-9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1942 91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3953

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis 5000
(If outside city or town limits, write "RURAL") 17
(d) Street No. 5960 Plymouth ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 6

3. (a) PRINT FULL NAME Marilyn Victoria Rikard
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3,
year 1942 hour 6:45 minute _____ A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife Harvey Rikard 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased: Jan 4 1923
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 27, 1942 to May 3, 1942
that I last saw her alive on May 3, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 19 Months 3 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death: Cerebrata of left ovary & diffuse metastases 18 mos?
Due to non H + H
Due to H + H
Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation House Wife
11. Industry or business _____
12. Name Sadie O
13. Birthplace Winkiemun 9 (City, town, or county) (State or foreign country)
14. Maiden name Sadie Wiley
15. Birthplace Indiana 1 (City, town, or county) (State or foreign country)
16. (a) Informant Harvey Rikard
(b) Address 5960 Plymouth
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: _____ (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo
18. (a) Signature of funeral director Central Ind. Co
(b) Address 1841 C ave
19. (a) _____ (b) J. F. Brudeck (Registrar's signature)
(Date received local registrar)

Major findings: Cerebrata (brassy) with widespread attachments
Of autopsy only 11-4-41

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) _____
23. Signature Frank D. Kelly (M. D. or other)
Address St. Louis City, Mo Date signed 5-4-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JAN 13 1947

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. W. Wilkinson

Licensed Embalmer No.....

3575

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.