

S. No. 2
OM-5-42
Rev. 5-17-39
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26153

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 1 1948/8

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6970

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2911-A Minnesota Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2911-A Minnesota Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James L. Rick.

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

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

6. (b) Name of husband or wife Helen Rick 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 14th, 1874.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>3</u>	hr. min.

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

10. Usual occupation Bricklayer

11. Industry or business.....

MOTHER FATHER { 12. Name August Rick

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

14. Maiden name Unknown

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

16. (a) Informant James A. Rick
(b) Address 4719 Wilcox Ave.

17. (a) Burial (b) Date thereof Aug. 20th, 42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul Cem.

18. (a) Signature of funeral director Ziegenhein Bros.

(b) Address AUG 19 1948 6409 Gravois Ave.

19. (a) (Date received local registrar) (b) J. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th.
year 1942. hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

External Hemorrhage
Due to following operation for
prolongation of tongue at
Due to city hospital about time
unknown

Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... Pending

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 Thomas F. Callahan (Date or other)
Address Deputy Coroner Date signed 8/19/42

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 6409 Graviss

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.