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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Pine Crest Home #2 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
6 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4830 Bircher Blvd.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME LAURA RICE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1942 hour 3 minute 15 P.M.

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

21. I hereby certify that I attended the deceased from September 22 1942 to Nov. 6th 1942 that I last saw her alive on November 6th 1942 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Eugene Lenos Rice 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased 10 3 1858
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis

8. AGE: Years Months Days If less than one day
84 1 3 hr. min.

Due to Stroke

Due to Stroke

9. Birthplace Trenton New Jersey
(City, town, or county) (State or foreign country)

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business Home

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Joseph Lloyd Unknown 9

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

14. Maiden name Taylor Unknown 7

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

16. (a) Informant Mr. Lenos Rice

(b) Address 4830 Bircher Blvd

17. (a) Cremation (b) Date thereof 11 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander Jones

(b) Address 6175 Delmar Blvd

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

19. (a) NOV 7 - 1942 (b) H. McCarroll
(Date received local registrar) (Registrar's signature)

23. Signature R. W. Jansen (M. D. or R.N.)
Address Manchester Mo Date signed 10/7/42

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.....

jos. emcullot

Licensed Embalmer No. *2460*

P. O. Address.....

6175 Pellmar
St Paul, Minn

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.