V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1943

Registration District No. 318 Primary Registration District No. 1003

State File No. 688

Registrar's No. 604

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

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: 3419 MARCUS 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 3 YRS 2 MO.

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILL (b) County 11

(c) City or town GIRARD (If outside city or town limits, write "RURAL") 0

(d) Street No. 424 MOUND ST. (If rural, give location) N.R.

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SADIE ANN RICE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fisher

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased MAY (Month) 15 (Day) 1869 (Year)

8. AGE: Years 73 Months 8 Days 4 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name HARRY KEYSER
13. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name SUSAN KUMP
15. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant GOLDEN RICE

(b) Address 3419 MARCUS

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 1-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation GIRARD, Ill

18. (a) Signature of funeral director Berry Fun Home

(b) Address Girard Ill

19. (a) JAN 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 43 hour 4 minute 50 A M.

21. I hereby certify that I attended the deceased from Jan 25, 1944 to Jan 19, 1943 that I last saw her alive on Jan 18, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 W. H. Whiles (M. D. or other) M D

Address 8034 Kingsbury Hwy Date signed 1-19-43

(Licensed Embalmer's Statement on Reverse Side)

709

709

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St. Louis Mo.

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.