. S. No. 2
M—9-4-41
5-17-39
FILED

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12679

APR 28 1943

Registration District No. 818

Primary Registration District No.

Registrar's No. 3656

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Isolation Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4/15/43 to 4/17/43 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: .000

(a) State Missouri. (b) County 17

(c) City or town St. Louis 922
(If outside city or town limits, write "RURAL")

(d) Street No. 917 Ohio.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Henry Rice.

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Rosa Lee Rice

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased December 4th ~~1898~~ 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	4	13	hr. min.

9. Birthplace Mississippi. 1
(City, town, or county) (State or foreign country)

10. Usual occupation None.

11. Industry or business

FATHER
12. Name Smith Rice
13. Birthplace ? unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pricella Hose.
15. Birthplace ? unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Grady.
(b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof 4/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Charleston, Mo

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1943 hour minute 8:45 P.M.

21. I hereby certify that I attended the deceased from April 15th 1943 to April 17, 1943
that I last saw him alive on April 17th 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculous Meningitis.	2 wks
Due to: Test revealed Miliary Tuberculosis	
Due to: 22 A	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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 0

23. Signature David Golding (M. D. or other)
Address St. Louis Station Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1943

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.