

7. S. No. 2
OM-5-42
Rev. 5-1-35

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29388**

FILED AUG 28 1943

Registration District No. **317**

Primary Registration District No. **3063**

Registrar's No. **1938**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

In this community **two years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Valley Park**
(If outside city or town limits, write "RURAL")

(d) Street No. **720 Benton**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Rickard, Paul**

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

4. Sex **M** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **S**

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

7. Birth date of deceased **October 7 1940**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	2	10	16	-----min.

9. Birthplace **Drake, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Minor--**

11. Industry or business _____

12. Name **Clarence Rickard**

13. Birthplace **Florence Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Paul**

15. Birthplace **Crescent, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Rickard, father**

(b) Address **720 Benton, Valley Park, MO**

17. (a) **Rural** (b) Date thereof **8-24-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem**

18. (a) Signature of funeral director **Louis Hopp**

(b) Address **Central Ave, Clayton, Mo**

19. (a) **AUG 24 1943** (b) **J. McCarney**
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **23**
year **1943** hour **12:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **8-21-43** to **8-23-43**; that I last saw h. **im** alive on **8-23-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia**

Due to **Impetigo ?**

Due to _____

Other conditions **24hr**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **No definite gross findings**

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)
(c) Means of injury _____

Signature **John Niederwieser** (M. D. or other) **M. D.**

Address **601 S. Brentwood** Date signed **8-23-43**

96
16
5

Duration
3 days
5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

AUG 24 1943

707

AUG 30 1948

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.....

Licensed Embalmer No.....

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.