

FILED FEB 10 1944

Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 16

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week
(Specify whether in this community One Week years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Postage Des Sioux, Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Henry Rick

(b) If veteran, name war No

(c) Social Security No. None

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

6. (b) Name of husband or wife Lucille (Meyers) Rick 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 11 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Frank Rick

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Sontag

15. Birthplace St. Louis Co, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Rick

(b) Address Postage Des Sioux, Mo

17. (a) Burial (b) Date thereof Jan. 19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine, Mo, St. Louis

18. (a) Signature of funeral director N. C. Dallymeyer & Sons

(b) Address 801 on Second, St. Charles, Mo

19. (a) 1-18-44 (b) Emst to Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Jan 8 1944, to Jan 15 1944
that I last saw him alive on Jan 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive jaundice Duration 3 mo

Due to Continued of head of parson 6 mo

Due to

Other conditions Pneumonia 2 wks.
(Include pregnancy within 3 months of death)

Major findings: Of operations none 469

Of autopsy none

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 B. L. Humber (M. D. or other) M.D.

Address St. Charles, Mo Date signed 1/18/44

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

92
99
3

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 E. Dallmeyer*

Licensed Embalmer No..... *2951*

P. O. Address..... *St Charles 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.