S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39694

FILED JAN 12 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11672

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: 4470 a Evans Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether

In this community 32 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4470 a Evans Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Ricketts

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Henry Ricketts

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

7. Birth date of deceased September (Month) 20th (Day) 1858 (Year)

8. AGE: Years 87 Months 3 Days 10 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----

FATHER
12. Name Perry Bradley
13. Birthplace Unavailable (City, town, or county) Unavailable (State or foreign country)

MOTHER
14. Maiden name Sarah--Unknown
15. Birthplace Unavailable (City, town, or county) Unavailable (State or foreign country)

16. (a) Informant Rosa Ricketts--(Daug.)

(b) Address 4470 a Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Ave.

19. (a) JAN 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th year 1945 hour 5:10 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec. 21 1945, to , 19 ; that I last saw her alive on Dec. 30 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral hemorrhage	10 days
Due to	
Due to	
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

23. Signature W. C. Bridge (M. D. or other)

Address 941a N. Sarah Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.