S. No. 2
M—5-43
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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

FILED JAN 25 1946

State File No. 820

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 443

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: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 75 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. ~~XXXXXXXXXXXXXX~~ 4245 St. Louis Ave.
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME RICE, MARY.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased August (Month) 15 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	28	hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Thomas Rice
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Cody
15. Birthplace — (City, town, or county) Ireland (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) JAN 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 13th; year 1946 hour 9:30 P.M. minute M.

21. I hereby certify that I attended the deceased from January 5th; 1946 to January 13, 1946 that I last saw her alive on January 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized arterio sclerosis	1944 pl.
Due to Senile psychosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

97

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 Palmer Romaine Bowdish (M. D. ~~or other~~)

Address 5300 Arsenal Date signed 1-14-45

(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 I, Registered Apprentice No. ....., working under my personal supervision.

Signed Ben E. Hoffman

Licensed Embalmer No. 4366

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.