S. No. 2
M—2-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14246

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 148

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. 13 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 94
(c) City or town House Springs 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD RICK
3. (b) If veteran, name war No
3. (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 Jessie Cherry
6. (c) Age of husband or wife if alive Age unk years
7. Birth date of deceased October (Month) 22, (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
71	6	3	hr. min.

9. Birthplace Jackson County (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name Henry (?) Rick
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Elizabeth Garris
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Antonia, Missouri
18. (a) Signature of funeral director Brimmer Funeral Home
(b) Address House Springs, Missouri
19. (a) 5-3-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25, year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec. 12, 1945, 19 to April 25, 1946, 19;
(?) that I last saw him alive on April 25, 1946, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis Generalized and marked	
Due to	
Due to Cerebral Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): Psychosis with	6 yrs.
Major findings: Of operations	
Of autopsy No 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 G. F. Hoch (M. D. or other)
Address Farmington Mo. Date signed 4/25/46

244 (Licensed Embalmer's Statement on Reverse Side)

13146

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

RECEIVED

District Health Officer No. 4

District File Number 546-2119

Date Filed 5-8-46

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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Me

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.