S. No. 2
M—2-43
r. 5-17-39
-1 X35697

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

20314 7-3-46

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1946

State File No. 21445

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1360

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6-17-46 (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 636 Collinsville Avenue 2
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME RIFE, William E.

3. (b) If veteran, name war P. I.

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married / Separated

6. (b) Name of husband or wife Myrtle Rife

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April (Unknown) 1878
(Month) (Day) (Year)

8. AGE: Years 68 | Months -- | Days -- | If less than one day ___ hr. ___ min.

9. Birthplace Fountainell, Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name William Rife
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Carter
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet.Adm.Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co.

(b) Address 7814 S.Broadway St.Louis,Ll,Mo.

19. (a) 6-25-46 (Date received local registrar) (b) E.G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1946 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from 6-17-46, 19__, to 6-22-46, 19__;
that I last saw him alive on June 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF THE LIVER WITH ASCITES	UNK
Due to 46-f	
Due to	
Other conditions ARTERIOSCLEROSIS GENERALIZED (Include pregnancy within 3 months of death)	UNK

Major findings: Of operations No Operation

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) No

(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 O

23. Signature L. E. STILWELL, M.D. (M. D. or other)
Address Vet.Adm.Hosp.Jeff.Brks., Mo. Date signed 6-22-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 1946

AUG 1 6 1946

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.