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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32138

FILED OCT 3 1946

Registration District No. 1003 Primary Registration District No.

Registrar's No. 8287

1. PLACE OF DEATH:

(a) County –

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4547 Cadet Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Roc

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1817

(d) Street No. 4547 Cadet Ave. (If rural, give location) 90

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

If yes, name country

3. (a) PRINT FULL NAME William Rich.

3. (b) If veteran, name war

3. (c) Social Security No. 219-20-7301

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Carrie

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

7. Birth date of deceased June. (Month) 15 (Day) 1880. (Year)

8. AGE: Years 66 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation Clerk.

11. Industry or business Convent Garden, Apt.

FATHER 12. Name James M. Rich.

13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER 14. Maiden name Louisa J. Given.

15. Birthplace (City, town, or county) West Va. (State or foreign country)

16. (a) Informant Ella Glassey.

(b) Address 4547 Cadet Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9/28/46. (Month) (Day) (Year)

(c) Place: burial or cremation Benton City Mo.

18. (a) Signature of funeral director Edith E. Ambruster.

(b) Address 4234 Manchester.

19. (a) SEP 26 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

SEP 26 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1946 hour 7.30 A.M. minute M.

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

Duration

Immediate cause of death Coronary Thrombosis

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 Patrick E. Taylor Dep Cor (Coroner)

Address 1300 Clark Date signed 9-26-46

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 1284

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.