

S. No. 2
12-45
5-17-39
1 X47070

FILED MAR 13/1947

Registration District No. **337/1947**

Primary Registration District No. **6076**

Registrar's No. **436**

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

(d) Length of stay: In hospital or institution **11-15-46**
(Specify whether years, months or days)

In this community **58 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00-0**

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

(d) Street No. **2846 McNair Avenue**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **RICK, Anton J.**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. **unknown**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Louise Rick**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **November 8 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	3	17	hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chf. Store keeper**

11. Industry or business **U. S. Medical Dept.**

MOTHER FATHER

12. Name **Konrad Rick**

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

14. Maiden name **Maroline Zimbelmann**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hospital**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereof **2 28 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S. S. Peter & Paul**

18. (a) Signature of funeral director **Witt Bros. Und. Co.**

(b) Address **2929 S. Jefferson, St. Louis, Mo.**

19. (a) **2-28-47** (b) **Ruth S. Allen, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25**
year **1947** hour **5:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **11-15-46**
_____, 19____, to **2-25-47**, 19____;
that I last saw h. **im.** alive on **2-25-47**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Primary Amyloid Disease**

Due to **Contributory Cause: Bronchial Pneumonia**

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: Of operations **No Operations**

Of autopsy **Autopsy performed (see Cause of Death)**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **D**

23. Signature **L. E. Blumel** (M. D. or other)

Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed **2-26-47**

Duration **Unk.**

PHYSICIAN **Unk.**

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3-10-47

MAR 25 1947

MAR 13 1947

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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson 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.