U. S. No. 2
DM—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29439

Registrar's No. 7607

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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29yrs 5mos 5days
In this community 78 years (Specify whether 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. Fathers Dempseys Home
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA RICKENBERG
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 January 6 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business

MOTHER FATHER
12. Name Charles Rickenberg
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Katie Simon
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Zeigler
(b) Address 5400 Arsenal St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4396 LINDELL BLVD
19. (a) AUG 11 1947 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th year 1947 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1946, to August 6, 1947 and that I last saw her alive on August 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerotic Heart Disease 1946
Generalized Arteriosclerosis 1946x.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause of 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 W. D. Amy M.D. (M. D. or other)
Address 5400 Arsenal Date signed 8/7/47

Jefferson City Printing Co.

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

Signed Howard F. Ron Land

Licensed Embalmer No. 3114

P. O. Address Otherwise 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.