No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 15 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29965

Registrar's No. 1890

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

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town ~~County~~, Olivette
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Res: 1137 Collingwood,
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96

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

(d) Street No. 1137 Collingwood, 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME JULIA ASHBROOK RICE.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White.

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

6. (b) Name of husband or wife Richard A. Rice,

6. (c) Age of husband or wife if alive Dec'd., years

7. Birth date of deceased March 11, 1864.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83.	5.	22.	..... hr. ..... min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business .....

FATHER
12. Name Obidiah Ashbrook.
13. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Lowe.
15. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harriet R. Begeman.
(b) Address 1119 Brightling.

17. (a) Interrment. (b) Date thereof 9-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) 9-4-47 (b) Cecil J. Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't, day 3rd, year 1947. hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from March 6, 1947 to Sept 3, 1947 that I last saw her alive on Sept 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to 97	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature M. E. Sheets (M. D. ~~or other~~)

Address 961 S Spring Date signed 9/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Martin E. Sheets.
Office: 4300a Manchester, FR: 3030.
Hrs: 8-9. 1-2.
Residence: 961 S. Skinker, CA: 7660.
Hrs: 11-12 5-6.

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 Harold C. Kirk, Registered Apprentice. No. 4, working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.