No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6931
Registrar's No. 1667

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

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 Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1516 N. 13th St. 9
(If rural, give location)
26 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Rick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Lambert Rick
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12th (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	8	6	hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Phillip Schloemer
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Ann. Dont Know
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs. William Henrichs
(b) Address 3830 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1948 hour 4 minute 25 A.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.

Immediate cause of death Fracture left hip
Arteriosclerosis suffered when deceased slipped on ice
Due to ice and fell in the yard
in rear of her home at
Due to 1615 No 13th St Feb 12th
1948 about 7:00 PM
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 186
Of autopsy 39

Duration

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) Accident 000
(b) Date of occurrence Feb 12 1948
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work (e) Means of injury Fall Above
23. Signature Louis E. Taylor (M. D. or other)
Address Dyer Date signed 2/18/48

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. Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.