

FILED MAR 4 1948  
Registration District No. 318

Primary Registration District No. 1003

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:  
5949 Minerva Ave.  
(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 Mo. (b) County oas  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 5949 Minerva Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Magdalen Rick.  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 19  
year 1948 hour 9.05 minute A.M.  
21. I hereby certify that I attended the deceased from Feb 19  
1948 to Feb 19 1948  
that I last saw her alive on Feb 19 1948  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Gustave W. Rick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 3, 1865.  
(Month) (Day) (Year)

Immediate cause of death:  
Coronary Sclerosis  
Chronic Myocarditis  
Duration ?  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 93

8. AGE: Years Months Days If less than one day  
82 9 16 hr. \_\_\_\_\_ min.  
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Retired  
11. Industry or business \_\_\_\_\_  
12. Name Carl Sametz  
13. Birthplace Bohemian (City, town, or county) (State or foreign country)  
14. Maiden name Mary Ganter  
15. Birthplace France (City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ida H. Koke  
(b) Address 5949 Minervia Ave.  
17. (a) Burial (b) Date thereof Feb. 21/48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter & Paul Cem.  
18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave.  
19. (a) FEB 20 1948 (b) J. F. Bradick  
(Date received in Registrar's office) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(c) 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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature S. Paul (M. D. or other) \_\_\_\_\_  
Address Oberland, Mo. Date signed 2/19/48

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

MOTHER FATHER

Dr. S.E. Pawol.  
2573 Woodson Rd.,  
Wabash 4616 2-4 P.M.

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.....

*Anthony Boun*....., Registered Apprentice No. *109*  
working under my personal supervision.

Signed *Alfred J. Boelker*.....  
Licensed Embalmer No. *2663*.....

P. O. Address *1125 Hodiament 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.