

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3168
978

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 5345 Maffitt Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5345 Maffitt Ave.				d. STREET ADDRESS (If rural, give location) 5345 Maffitt Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Florence		b. (Middle) L.		c. (Last) Rickart		4. DATE OF DEATH (Month) (Day) (Year) Jan'y 31, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 8, 1874		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 24 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS* OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Wesley P. Rickart		13b. MOTHER'S MAIDEN NAME Abigail H. Calvin		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Arthur Dunham, Ann Arbor, Mich.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart? Coronary occlusion 1-31-49 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fibrosis lungs. End result tuberculosis from XTP. Organism not found. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Advanced hypertrophic osteoarthritis Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 15 yrs + 1-27-79 15 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Nb		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR						
22. I hereby certify that I attended the deceased from 1934 to 1-31-49 , that I last saw the deceased alive on Jan. 28 1949 and that death occurred at 8:00 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE J. H. W. Oakes			23b. ADDRESS 804 Hamilton Bld. St. Louis 8			23c. DATE SIGNED 1-31-49		
23d. BURIAL, CREMATION, REMOVAL (Specify) Creamation		23e. DATE Feb. 2, 1949		23f. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23g. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE FEB 1 1949 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagoner Mortuary, 4161 Lindell						

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert T. Sangster

Licensed Embalmer No. 4290

P. O. Address St. Louis, 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.