

BIRTH NO. REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 6072 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Melle</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Melle, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>0920</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>New Melle . Mo</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Edward</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Rickmers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4-6-51</b>
-------------------------------------	--------------------------	--------------------------	---------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 12, 1868</b>	9. AGE (In years last birthday) <b>82</b>	10. UNDER 1 YEAR (Month) (Day) <b>7 25</b>	11. UNDER 2 HRS. (Hour) (Min.)
--------------------	-------------------------------	---	---------------------------------------	---	--	--------------------------------

10a. USUAL OCCUPATION (Give kind of work, occupation, or profession, even if retired) <b>Lock Smith</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Lock Smith</b>	11. BIRTHPLACE (State or foreign country) <b>New Melle, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>MO</b>
---	---	---	--

13a. FATHER'S NAME <b>Edward H. Rickmers</b>	13b. MOTHER'S MAIDEN NAME <b>Johana Negetiet</b>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Flvira Rickmers</b>	ADDRESS <b>New Melle . Mo</b>
---	--	--	-------------------------------

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, infection, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suicide</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Selfinflected revolver wound</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E976X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>New Melle, St. Charles Mo.</b>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-6-51 12noon</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Revolver wound in head</b>
--	---	--

22. I hereby certify that I attended the deceased from **April 7, 1951** held inquest **April 7, 1951**, to **April 7, 1951**, that I last saw the deceased alive on **April 7, 1951**, and that death occurred at **12 noon**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Marvin Mueschery</b> <sup>3</sup> Coroner	23b. ADDRESS <b>Wentzville Mo</b>	23c. DATE SIGNED <b>4-8-51</b>
---	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-9-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo</b>
---	-------------------------	---	--

DATE RECD BY LOCAL REG. <b>April 8 1951</b>	REGISTRAR'S SIGNATURE <b>Walter P. Puff</b> <sup>408</sup>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marvin Mueschery</b>	ADDRESS <b>Wentzville Mo</b>
---	--	--	------------------------------

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

NO. 300-10-48

APR 28 1951

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4  
APR 11 1951

RECEIVED

APR 13 1951

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 *Marvin Munkauf*

Licensed Embalmer No. *2461*

P. O. Address *Westville n*

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.