

FILED DEC 8-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39619**
Registrar's No. **10657**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 8-days		d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital	
e. STREET ADDRESS 4405 West Pine Blvd.		f. (If rural, give location) U	

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) E. c. (Last) Rice			4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1951		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Aug. 7, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 3. Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Store Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Charles, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Curtis E. Rich		13b. MOTHER'S MAIDEN NAME Unk. La Barge		14. NAME OF HUSBAND OR WIFE Mrs. Mary J. Rice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary J. Rice	
				ADDRESS 4405 West Pine Blvd.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days years 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crownary Thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Gen. Arterio Sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Neurologic Disturbances			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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? H2O1

22. I hereby certify that I attended the deceased from **July, 1951**, to **Nov 29, 1951**, that I last saw the deceased alive on **Nov 29, 1951**, and that death occurred at **12:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE James M. Kotter, M.D.	(Degree or title)	23b. ADDRESS 4409 W. Pine	23c. DATE SIGNED 11/30/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. NOV 30 1951	REGISTRAR'S SIGNATURE Paul Smith	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.