

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10446
Registrar's No. 10446

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

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION **Marion Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. STREET ADDRESS (If rural, give location) **6224 Pennsylvania**

3. NAME OF DECEASED (Type or Print)

a. (First) **NANCY** b. (Middle) **E.** c. (Last) **RICH**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 23, 1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **June 15, 1877** 9. AGE (in years last birthday) **74**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Own Home**

11. BIRTHPLACE (State or foreign country) **Glencoe, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S. A.**

13a. FATHER'S NAME **William A Vaughn** 13b. MOTHER'S MAIDEN NAME **Sarah Ann Bennett** 14. NAME OF HUSBAND OR WIFE **Davis O. Rich**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Davis O. Rich** ADDRESS **6224 Pennsylvania, St. Louis**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**

ANTECEDENT CAUSES **General Arteriosclerosis**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **None**

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS **Brain tumor Aug 1941**

INTERVAL BETWEEN ONSET AND DEATH **47 Mo**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **331X**

22. I hereby certify that I attended the deceased from **3-1, 1947**, to **11/23, 1951**, that I last saw the deceased alive on **11/22, 1951**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____ 23b. ADDRESS **5600 A Compton** 23c. DATE SIGNED **11-23-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Nov. 26, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Park Lawn Cemetery** 24d. LOCATION (City, town, or county) (State) **1800 Lemay Ferry, Road**

DATE REC'D BY LOCAL REG. **NOV 24 1951** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **C. Hoffmeister U. & L. Co.** ADDRESS **7814 So. Broadway, St. Louis, Mo. 11**

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadway

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.