

10. 300
10. 48

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39630

1003 State File No. 10693

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ 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	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Missouri)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2229	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 507 ST. ANTHONY	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) c. (Last) RICKMAN	4. DATE OF DEATH (Month) (Day) (Year) November 30, 1951
---	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC. 25 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
-------------	------------------------	--	-------------------------------	------------------------------------	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOX MAKER	10b. KIND OF BUSINESS OR INDUSTRY MEYER BROS. DRUG	11. BIRTHPLACE (State or foreign country) CHESTER ILLINOIS	12. CITIZEN OF WHAT COUNTRY?
---	--	--	------------------------------

13a. FATHER'S NAME CHRISTIAN RIECHMANN	13b. MOTHER'S MAIDEN NAME DOROTHY *****	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 497-05-6294A	17. INFORMANT'S SIGNATURE OR NAME Estelle Svecshewmeister	ADDRESS 3517 Bingham
---	--------------------------------------	---	----------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant hepatoma		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	20. AUTOPSY? YES <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 135X
--	--	---------------------------------

22. I hereby certify that I attended the deceased from October 17, 1951, to November 30, 1951, that I last saw the deceased alive on November 30, 1951, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John T. Lawton M.D.	23b. ADDRESS 1515 Lafayette Ave.	23c. DATE SIGNED 11-30-51
--	----------------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 3 1951	24c. NAME OF CEMETERY OR CREMATORY NEW PICKER CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
--	-----------------------	--	---

DATE REC'D BY LOCAL REG. DEC 3 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE HEIDERWIDEL, F. H. INC. 1936 ST. LOUIS AVE	ADDRESS
-------------------------------------	-----------------------------------	---	---------

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.....

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.