

STANDARD CERTIFICATE OF DEATH

44219

State File No.

FILED FEB 8 1952

BIRTH NO. 88962 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11794

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) 2-Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY 474A
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glencoe
d. STREET ADDRESS (If rural, give location) RR #1

3. NAME OF DECEASED
a. (First) Unnamed b. (Middle) Baby c. (Last) Rickard

4. DATE OF DEATH (Month) (Day) (Year) Dec. 29-1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Dec. 29-1951

9. AGE (In years last birthday) 2
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 10 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) St. Louis Mo.

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

13a. FATHER'S NAME Virgil Rickard

13b. MOTHER'S MAIDEN NAME Helen Mathis

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Clyde Rickard, Glencoe, Mo. R.R. - 1 ADDRESS _____

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlarged liver Splenad
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.

INTERVAL BETWEEN ONSET AND DEATH 1 hr

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? 759.3!

22. I hereby certify that I attended the deceased from Nov 29, 1951, to Nov 29, 1951, that I last saw the deceased alive on Nov 29, 1951, and that death occurred at 7:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE H.S. Pined (Degree or title)

23b. ADDRESS 27529 Cherokee

23c. DATE SIGNED 12-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 12-30-51

24c. NAME OF CEMETERY OR CREMATORY Antioch Baptist

24d. LOCATION (City, town, or county) (State) Monarch Mo.

DATE REC'D BY LOCAL REG. JAN 3 1952

REGISTRAR'S SIGNATURE Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo. 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

Not embalmed