

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10478**

2269

FILED MAR 29 1952		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2269			
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) St. Louis		c. LENGTH OF STAY (In this place township) 47 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4300 St. F' ERDINAND					
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle)		c. (Last) Rice			
4. DATE OF DEATH		(Month) Mar.		(Day) 7		(Year) 1952			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH			
9. AGE (In years last birthday) Abt 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Texas			
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME J. Rice		13b. MOTHER'S MAIDEN NAME Eliza Summers		14. NAME OF HUSBAND OR WIFE Not known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME John Rice, 5171 Gates		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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undetermined	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver (Alcoholic)				ANTECEDENT CAUSES					
DUE TO (b) Hepatic Insufficiency				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.				None					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 5811					
22. I hereby certify that I attended the deceased from 3-5- , 19 52 , to 3-7 , 19 52 , that I last saw the deceased alive on 3-7 , 19 52 , and that death occurred at 9:10a m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Lorenzo H. Harris				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 3-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/11/52		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, MO.			
DATE REC'D BY LOCAL REG. MAR 10 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry		ADDRESS 4202 E. Finney			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Melvin E. Lee

Signed.....
Student Embalmer

Licensed Embalmer No. *4438*

P. O. Address *St. Louis, 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.