No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26260

State File No.

FILED JUL 22 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6518

1. PLACE OF DEATH
a. COUNTY City.
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bernard Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 12, Mo. 21 57
d. STREET ADDRESS (If rural, give location) 5896 Cabanne Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) GAROLD
b. (Middle) M.
c. (Last) RIZER

4. DATE OF DEATH (Month) (Day) (Year) July 4, 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 24, 1890
9. AGE (In years last birthday) 62 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President
10b. KIND OF BUSINESS OR INDUSTRY Flexolite Corp.
11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Overton Dean Rizer
13b. MOTHER'S MAIDEN NAME Sally Mayfield
14. NAME OF HUSBAND OR WIFE Mae Krinard Rizer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) *****
16. SOCIAL SECURITY NO. 493-05-4577
17. INFORMANT'S SIGNATURE OR NAME Mrs Mae Rizer, 5896 Cabanne Ave. 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Parkinson's disease — INTERVAL BETWEEN ONSET AND DEATH 1942

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis cerebral
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Heat exhaustion & dehydration — 10 days

19a. DATE OF OPERATION 1956
19b. MAJOR FINDINGS OF OPERATION Exploratory craniotomy. Plastic fixation right knee
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 334XF

22. *I hereby certify that I attended the deceased from* , 1942, *to* July 4, 1952, *that I last saw the deceased alive on* July 3, 1952, *and that death occurred at* 1:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS 864 Hamilton Blvd St. Louis 12, Mo
23c. DATE SIGNED 7-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 7, 1952
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) St. Louis, (State) Missouri

DATE REC'D BY LOCAL REG. JUL 7 1952
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc. ADDRESS 6175 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Fred Clark
Hamilton Ave.

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 Jas. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delma

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.