

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33353**
Registrar's No. **8669**

FILED OCT 1 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3111 Kimberly Ave.				d. STREET ADDRESS (If rural, give location) 3111 Kimberly Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Lloyd		c. (Last) Rickman		4. DATE OF DEATH (Month) Sept. (Day) 13 (Year) 1952.			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug. 11, 1952			
9. AGE (In years last birthday) _____		10. AGE (In years last birthday) 1		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Robert Rickman		13b. MOTHER'S MAIDEN NAME Nancy Alice Knowlton		14. NAME OF HUSBAND OR WIFE None					
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. None		17. INFORMANT'S SIGNATURE OR NAME James R. Rickman, 3111 Kimberly Ave. ADDRESS _____					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the manner of dying, such as asphyxiation, asphyxia, etc. It means the direct injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES _____				DUE TO (b) Interstitial Pneumonitis	
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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 492X					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Walter Henry DeWitt, M.D.				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/16/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/17/52.		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REGISTRY SEP 16 1952		REGISTRAR'S SIGNATURE Calvin F. Feutz		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd. 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 John A. Merian

Licensed Embalmer No. 4186

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 33353
Local Registrar's No. 8669
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AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 19____, before me appears _____

for Thomas L. Beckman, who, upon _____ oath, states that the original record of birth
died 9-15, 1957, in the State of
born _____

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 4 should read Sept. 15 - 1952

Instead of _____

Item No. _____ should read 1 month 4 days

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Joseph M. Zucan - None Relationships _____
Deputy Clerk St. Louis
1300 Clark Present Address.

Subscribed and sworn to before me this 1 day of Oct., 1957

My Commission expires 3-4-53 Ellen P. Pedlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Sup - 33353