V.S. No. 300
Rev. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41042

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10443

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2913 Ellendale Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2037
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location): 3 2913 Ellendale Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Simon
b. (Middle): P.
c. (Last): Rickert

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 4, 1873
9. AGE (In years last birthday): 80 — 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): stock clerk
10b. KIND OF BUSINESS OR INDUSTRY: manufacturing
11. BIRTHPLACE (City and State or Foreign Country): Belleville, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Rickert
13b. MOTHER'S MAIDEN NAME: Margaret Tumnick
14. NAME OF HUSBAND OR WIFE: Elizabeth A. Rickert

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.: 492-12-9784A
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Elizabeth A. Rickert 2913 Ellendale Ave.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
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 ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* Feb 22, 1953, *to* Nov. 3, 1953, *that I last saw the deceased alive on* Oct. 31, 1953, *and that death occurred at* 7:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forster A. Dill M.D.
23b. ADDRESS: 7346a Manchester Maplewood 171 Mo.
23c. DATE SIGNED: 11-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Peter's
24d. LOCATION (City, town, or county) (State): Kirkwood, Missouri

DATE REC'D BY LOCAL REG.: NOV 3 1953
REGISTRAR'S SIGNATURE: J Carl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R J Croghan 7146 Manchester Ave. St. Louis, 17, Missouri
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed Ronald O. Yahnke

Licensed Embalmer No. 3917

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.