

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35884**
Registrar's No. **8959**

FILED OCT 26 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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) 12 DAYS		c. CITY OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION: CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 14 5439 PERNOU AVE			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) JOSEPH c. (Last) RICKABY		4. DATE OF DEATH (Month) (Day) (Year) OCT 1 1954			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JULY 31-1879		9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SPRINKLER-FITTER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U-S-A		13a. FATHER'S NAME JOHN RICKABY		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE JOSEPHINE RICKABY (DECEASED)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 298-10-0326A	
17. INFORMANT'S SIGNATURE OR NAME Joseph A. Rickaby		ADDRESS 5439 Pernou			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fractured Skull; Subdural Hematoma; when deceased		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO fall from ledge on which he was seated, at south side of building at 2931 St. Francis Highway Sept 20, 1954, about 6:25 p.m.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) Building		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 20 54 6:25 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 000 E9026	
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 11:00 p.m. , from the causes and on the date stated above. 45					
23a. SIGNATURE (Degree or title) Patrick C. Taylor, M.D.		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT 4 1954		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		DATE REC'D BY LOCAL REG. OCT 4 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kautz		ADDRESS 2906 Grannis			

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.....

James C. Rice

Licensed Embalmer No.....⁴³⁴

P. O. Address.....^{2501 St.}

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.