

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39159

318

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State File No. _____
Registrar's No. 9877

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH

a. COUNTY St. Clair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (In this place) 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois

b. COUNTY St. Clair

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis

d. STREET ADDRESS (If rural, give location) 5709 Belmont

8/128

3. NAME OF DECEASED

a. (First) WILTON b. (Middle) P. c. (Last) RICE

4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1954

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Nov. 3, 1903 **9. AGE** (In years last birthday) 50 IF UNDER 1 YEAR Months 11 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Mgr **10b. KIND OF BUSINESS OR INDUSTRY** Real Estate **11. BIRTHPLACE** (State or foreign country) Evansville, Ind. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Paul A. Rice **13b. MOTHER'S MAIDEN NAME** Sadie Deuischer **14. NAME OF HUSBAND OR WIFE** Marie (Brown) Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Marie Brown Rice **ADDRESS** E. St. Louis, Ill

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fracture of skull; Brain Injury, suffered when deceased fell from street to ground near saw in vicinity of 1426 and Pappea Streets, about 10:06 am, Oct. 29, 1954

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** Accident **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office, etc.) Street **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** St. Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 29 54 10:00 **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** COO E8350

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 7:00 a.m., from the causes and on the date stated above. 33

23a. SIGNATURE Charles E. Smith (Degree or title) **23b. ADDRESS** 1300 Clontz **23c. DATE SIGNED** 11/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Nov. 1, 1954 **24c. NAME OF CEMETERY OR CREMATORY** Valhalla Burial Park **24d. LOCATION** (City, town, or county) Belleville, Illinois

DATE REC'D BY LOCAL REG. NOV 1 1954 **REGISTRAR'S SIGNATURE** Charles E. Smith **25. FUNERAL DIRECTOR'S SIGNATURE** W. H. Murray **ADDRESS** E. St. Louis, Ill

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 3162

P. O. Address E. St. Louis Ill

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.

Not Embalmed