

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43949

State File No.

11835

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BETHESDA HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>6224 PENNSYLVANIA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVIS</u>		b. (Middle) <u>O</u>		c. (Last) <u>RICH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 27, 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 13, 1873</u>	
9. AGE (In years last birthday) <u>81</u>		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) <u>STA. ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RIALTO BLDG.</u>		11. BIRTHPLACE (State or foreign country) <u>SULLIVAN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BASIL RICH</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA DODSON</u>		14. NAME OF HUSBAND OR WIFE <u>NANCY E. RICH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MYRTLE SCHUMER 6224 PENNSYLVANIA, ST. LOUIS</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pancreatitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post op. Gangrenous chole cystitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Hypertrophy.</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>11/30/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous Cholecystitis & Lithiasis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22a. 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>154X</u>			
22. I hereby certify that I attended the deceased from <u>11/24, 1954</u> , to <u>12/27, 1954</u> that I last saw the deceased alive on <u>12/20/54</u> , and that death occurred at <u>7:05 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Gene B. Clabby M.D.</u>		(Degree or title)		23b. ADDRESS <u>Bethesda Hospital</u>		23c. DATE SIGNED <u>12-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>DEC. 30, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>1800 LEMAY FERRY ROAD</u>	
DATE REC'D BY LOCAL REG. <u>DEC 28 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER U. & L. CO.</u>		ADDRESS <u>7814 S. BROADWAY ST. LOUIS, MO.</u>	

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 Broadway

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.