FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 7011

Registration District No. 312 Primary Registration District No. 548 Registrar's No. 387

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1414 Trelane Avenue — Length of stay in Hospital Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Webster Groves 4000 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1414 Trelane Avenue — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First WILLIAM Middle LANG Last RICKER

4. DATE OF DEATH Month February Day 10th Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH November 30, 1869
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months 2 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Acme Paper Co.
11. BIRTHPLACE (City and state or country) Portsmouth, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME E. Drew Ricker
14. MOTHER'S MAIDEN NAME Jane Gordon

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. 491-14-6704
17. INFORMANT Mrs. Gloria Ricker Address 1414 Trelane Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction due Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-13-55, to 2-10-57 and last saw ~~her~~ him alive on 2-5-57
Death occurred at 2-10-57 10 A m on the date stated above and to the best of my knowledge from the causes stated.

22a. SIGNATURE John S. Skinner (Degree or title) M.D.
22b. ADDRESS JOHN S. SKINNER, M.D. 35 N. CENTRAL AVE. CLAYTON, 5, MO.
22c. DATE SIGNED FEB 11 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2 / 12 / 57
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
23d. LOCATION (City, town, or county) St. Louis, County, Missouri (State)

24. FUNERAL DIRECTOR C. R. Lupton & Sons ADDRESS 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. 2-11-57
26. REGISTRAR'S SIGNATURE Herbert A. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Health Welfare Public Service
300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

35 North Central
After 2 PM Monday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Sch

Licensed Embalmer No. 38

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.