

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26496

FILED JUL 26 1957

State File No. 6194
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6194																	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY <input checked="" type="checkbox"/>															
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 7 days				c. CITY OR TOWN St. Louis															
d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				e. STREET ADDRESS (If rural, give location) St. Louis Chronic Hosp. 277 2328 Biddle St.																			
3. NAME OF DECEASED (Type or Print) Bruce Ricks				4. DATE OF DEATH 7 1 1957																			
5. SEX male		6. COLOR OR RACE col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 15 May. 1889		9. AGE (In years last birthday) 68		10. UNDER 1 YEAR Months Days		11. ORDER OF BIRTH Hours Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired				10b. KIND OF BUSINESS OR INDUSTRY retired				11. BIRTHPLACE (City and State or Foreign Country) Ark.				12. CITIZEN OF WHAT COUNTRY? U.S.											
13a. FATHER'S NAME Jack Ricks				13b. MOTHER'S MAIDEN NAME unk.				14. NAME OF HUSBAND OR WIFE Ada ?															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. NO				17. INFORMANT'S SIGNATURE OR NAME Ada Ricks				ADDRESS 2328 Biddle Apt. 207											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Broncho Bronchitis												INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.											
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.												ANTECEDENT CAUSES											
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												DUE TO (b) _____											
												DUE TO (c) _____ 491x											
II. OTHER SIGNIFICANT CONDITIONS												Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis 3 ans.											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?															
22. I hereby certify that I attended the deceased from 6-24-57, 19___, to 7-1-57, 19___, that I last saw the deceased alive on 7-1-57, 19___, and that death occurred at 11:20a., from the causes and on the date stated above.																							
23a. SIGNATURE (Degree or title) John W. Beckheim, M.D.								23b. ADDRESS 5800 Arsenal St.				23c. DATE SIGNED 7/1/57											
24a. BURIAL, CREMATION, REMOVAL (Specify) removal				24b. DATE 8 July 1957				24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.											
DATE REC'D BY LOCAL REG. JUL 3 57				REGISTRAR'S SIGNATURE J. Earl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Reliable Funeral Sys. 1389 N. Union				ADDRESS											

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul Freeman*.....

Licensed Embalmer No. *4686*.....

P. O. Address *4729 Hammon*.....

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.