DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042574
STATE FILE NUMBER

NOV 17 1960 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY Jeff
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kimswick, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Oaks Rest Home
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3937 Burgen
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Harold Middle A. Last Rickeman
4. DATE OF DEATH Month Nov. Day 8, Year 1960
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Jan. 18, 1886
9. AGE (last birthday) 74
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. US. Marine Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Mystic, Conn.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John F. Rickeman
13b. MOTHER'S MAIDEN NAME Minetta House
14. NAME OF HUSBAND OR WIFE Edna Rickeman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World war I & II
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Harry V. Mudd Address 3937 Burgen

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) Cancer of Bladder
INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 11/6/60 to 11/8/60 and last saw him alive on 11/8/60

Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles Burnside M.D. (Degree or title)
22b. ADDRESS 206 W. Aragonn + Kirkwood
22c. DATE SIGNED 11/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 11-12-60
23c. NAME OF CEMETERY OR CREMATORY National Cem.
23d. LOCATION (City, town, or county) (State) Jeff. Barracks, Mo.

24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S. Grand, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG. 11-12-60
26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 30 1960

NOV 17 1960

Mr Burnside
206 Argonne
Kirkwood
9 AM to 12 AM.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4 5 4

P. O. Address St Louis

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