

JUN 6 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
21277

791

1. PLACE OF DEATH

County.....

Registration District No. 1003

File No.....

Township.....

Primary Registration District No.....

Registered No. 5488

City *St. Louis* (No. *1057644*)

City *St. Louis*

St. Ward)

2. FULL NAME

Joseph A. Rice

(a) Residence, No. *701* St. *Eastgate* Ward. *5*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/24/36*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Clara Rice*

22. I HEREBY CERTIFY, That I attended deceased from *5/22* 19*36* to *5/24/36*, 19*36*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 23 - 1879*

I last saw him alive on *5/24*, 19*36*. Death is said to have occurred on the date stated above, at *2:30* p.m.

7. AGE YEARS *56* MONTHS *47* DAYS *1* If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Inspector, Chief of Dept*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Employed in St. Louis City*
10. Date deceased last worked at this occupation (month and year) *.....* 11. Total time (years) spent in this occupation *.....*

Aneurysm of Aorta

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Charles Mo.*

Other contributory causes of importance: *Syphilis*

13. NAME *Arthur Rice*

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Charles Mo.*

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME *Margaret La Paro*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Charles Mo.*

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *St Louis Infirmary* (ADDRESS) *St Louis*

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *May 26 1936*

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

19. UNDERTAKER *Loring Wullenfelo* (ADDRESS) *5165 Delmar*

(Signed) *Roy Greenbaum*, M. D.

20. FILED *MAY 25 1936* *J. F. Bredeck* Registrar.

(Address) *St Louis*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE-CORNETT WITH IMPROVED INSTRUMENTS—THIS IS A PERMANENT RECORD

