

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

36488
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 2-1008
(c) City St. Louis, Mo. (d) Street No. 3511 Illinois St. 10065
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Margaret Ricknagel

(a) Residence, No. 3511 Illinois St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
54 -- 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Preston,
(STATE OR COUNTRY) Illinois

13. NAME Andrew Ricknagel

14. BIRTHPLACE (CITY OR TOWN) Waterloo,
(STATE OR COUNTRY) Ill.

15. MAIDEN NAME Barbara Lanz

16. BIRTHPLACE (CITY OR TOWN) Perryville,
(STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Willis W. Brown
(ADDRESS) 3511 Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Our Redeemer Cem. DATE 11 - 1 - 37

19. FUNERAL DIRECTOR Beiderwieden Fun. Home, Inc.
(ADDRESS) 1936 St. Louis Avenue

20. FILED OCT 30 1937 St. Bredek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-20-37, 1937, to 10-28-, 1937

I last saw her alive on 10-28-, 1937. Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

CARCINOMA OF OVARY Rt Date of onset 1935
GENERALIZED CARCINOMATOSIS

Other contributory causes of importance: H/A

Name of operation ABD. LAPAROTOMY Date of _____
What test confirmed diagnosis? BIOPSY Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) A. G. G. G. M. D.
(Address) 2905 Cherokee

Dr. E. M. Israel
2905 Cherokee

1-2

STATEMENT BY LICENSED EMBALMER

I, Israel, Licensed Embalmer No. 3727

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Israel

Licensed Embalmer No. 3727

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.)