

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

4600  
Do not use this space.

REC'D MAR 14 1938

791

1003

1245

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis (d) Street No. City Hospital No. 1  
(e) Length of residence in city or town where death occurred 17 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1807 a Preston Place 23  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/38, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Dennis

22. I HEREBY CERTIFY, That I attended deceased from 1/28/38 to 2/2/38

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1861

I last saw her alive on 2/2/38, 19. Death is said to have occurred on the date stated above, at 3.45 a.m.

7. AGE YEARS 76 MONTHS 7 DAYS 28 If LESS than 1 day, .....hrs. or .....min.

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

Bronchio pneumonia Date of onset N  
Other contributory causes of importance: MI

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. nil  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jake Rickard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION OR REMOVAL PLACE Calvary DATE Feb. 4, 1938

19. FUNERAL DIRECTOR (ADDRESS) A. N. McLaughlin  
2301 Lafayette Avenue

20. FILED FEB 3 1938 G. F. Prude

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

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?  
If so, specify.....

(Signed) Paul Maxwell, M. D.  
(Address) City Hospital No. 1

A. B. Every item of information should be carefully supplied. Ages should be stated in years, months and days. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed L.R. Cooper

Licensed Embalmer No. 3633

**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.)**