

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

33710
Do not use this space.

REC'D NOV 16 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1003 Registered No. 8696
 (c) City Saint Louis (d) Street No. Missouri Baptist Hospital St.
 (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

(a) Residence, No. 201 BABY RICH St. 12
6 A Aubert Court
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>---</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4, 1948.</u>		
7. AGE <u>---</u>	YEARS <u>---</u>	MONTHS <u>---</u>
		DAYS <u>---</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>---</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>---</u>	
	10. Date deceased last worked at this occupation (month and year) <u>---</u>	11. Total time (years) spent in this occupation <u>---</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Kenneth C. Rich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Mable Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Kenneth Rich,</u> (ADDRESS) <u>68 Aubert Court</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lawrenceville, Ill.</u> DATE <u>Oct. 4, 1938</u>		
19. FUNERAL DIRECTOR <u>Craig Mortuary,</u> (ADDRESS) <u>4468 Washington Blvd.</u>		
20. FILED <u>OCT 5 1938</u> <u>J. P. Bredich</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/4 1938, to 10/4 1938

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:39 p.m.

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

Stillborn

Other contributory causes of importance:

Name of operation None Date of.....

What test confirmed diagnosis? None 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 Jo. P. Berman M. D.
 (Signed) Jo. P. Berman (Address) 1225 - No. Grand

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.

I X12804

STATEMENT BY LICENSED EMBALMER

I, Philip M. Craig, Licensed Embalmer No. 3281

hereby certify that the body recorded on the reverse side of this certificate was ^{not}embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Philip M. Craig

Licensed Embalmer No. 3281

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.)