

REC'D JAN 17 1939

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

41354

Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 1008
(b) Township Primary Registration District No.
(c) City of St. Louis (d) Street No. Enroute City Hosp. #1 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.

Registered No. 11046

2. PRINT FULL NAME

Lucille Rice
(a) Residence, No. 1321a S. 6th St St. 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

| | | |
|--|--|---|
| 3. SEX Female | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Frank Rice | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1902 | | |
| 7. AGE 36 | YEARS 8 | MONTHS 22 |
| | | If LESS than 1 day, hrs. or min. |
| 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. | |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | Tennessee |
| | 13. NAME | Wm. Jordan |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | Tennessee |
| | 15. MAIDEN NAME | Hattie Crick |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | Tennessee |
| 17. INFORMANT (ADDRESS) Frank Rice 1321a S. 6th St | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem DATE 12/24/38 | | |
| 19. FUNERAL DIRECTOR (ADDRESS) A. W. McLaughlin 2301 Lafayette Avenue | | |
| 20. FILED REC 24 1939 J. D. Budick Local Registrar | | |

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22/38 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 5 P.M. 19..... Death is said to have occurred on the date stated above, at..... m.
The principal cause of death and related causes of importance were as follows:
Perforated Ulcer of Duodenum Hemorrhage

Other contributory causes of importance:
1176

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) *Wm. J. Jordan* M. D.
(Address).....

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, L. O. 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. O. 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.)