

DEC 11 1939

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

41564

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** or (d) Street No. **Homer Phillips 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 **22** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **11256**2. PRINT FULL NAME **Gartha Rice**

(a) Residence, No. **2726a Adams** St. **22**
(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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 15, 1909**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 2 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
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) (STATE OR COUNTRY) **Mississippi**13. NAME **Earl Rice**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**15. MAIDEN NAME **Hannah Young**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE **Starkville Miss** **Jan 1, 1939**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Jas. H. Randle & Son**
3133 Bell Ave20. FILED **DEC 30 1939** **J. T. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 25** 19 **38**

I HEREBY CERTIFY, That I attended deceased from **Dec. 17**, 19 **37**, to **Dec. 25**, 19 **38**

I last saw him alive on **Dec. 25**, 19 **38**. Death is said to have occurred on the date stated above, at **8:40a. m.**

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

Pulmonary tuberculosis
(far advanced)

Date of onset
12/17/38

Other contributory causes of importance: **23**

Name of operation Date of
What test confirmed diagnosis? **clinical** 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?
If so, specify **Wallace Fungal**, M. D.
(Signed) **Wallace Fungal**
(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J. Swaton

Licensed Embalmer No.

2698

P.O. Address

2969 Chaute

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.)

If this body is not embalmed, above space should be left blank.